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ABSTRACT

This document is the second in a series of evaluative reports directed to evaluation needs of Home Start planners and administrators. It focuses on implementation data about programs gathered during local site visits conducted in the spring and fall of 1972. The two basic evaluative questions asked are: (1) What was Home Start intended by its planners to be? and (2) How closely have the plans been realized at the end of the first nine months? Part I of the report examines initial planning documents, including minutes from earlier planning meetings, the "Home Start Guidelines," the "Evaluation Work Statement," and the 16 project proposals, in order to identify basic features of the new program. Documents are compared for consistency; in some areas they were found to say conflicting things, but on the whole, a clear model of the program emerges. Part II examines three types of implementation data, including: (1) statistics about families, staff, project characteristics, and costs; (2) narrative descriptions of project organization and activities, using site visit teams; and (3) parent and child entering characteristics, based on standardized tests, questionnaires, and rating scales. Areas of strength and concern for the planning and implementation of Home Start are outlined. (DP)

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interim report II

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HOME START EVALUATION STUDY

Interim Report II:
Program Analysis

June, 1973

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EXECUTIVE SUMMARY

Introduction

At this time 15 Home Start projects are completing their first year of operation.¹ Funded for three years at approximately \$100,000 per year each, these projects are meant to serve approximately 80 families each. Local staffs, usually consisting of a director, one to three specialists, and about seven or eight Home Visitors, aim to improve the environment and development of preschool children (ages 3-5) by working primarily with focal parents. Through these efforts parents are expected to develop and improve their unique skills as educators of their own children. They are also expected to become familiar with community support agencies as the Home Visitor works with the parents in utilizing these agencies in meeting the identified needs of the Home Start families.

This report is the second in a series of evaluative reports directed to the evaluation needs of Home Start planners and administrators. Year I is seen primarily as a formative year, intended to operationalize the national plan and document the level of implementation of that plan. This report relies most heavily on the implementation data about program inputs and processes gathered during local site visits of Spring and Fall of 1972. Limited data from standardized measures will be used to discuss the entering skill levels of some Home Start children and families at six of the 16 sites.

Two questions are addressed in this report:

- What was Home Start intended by its planners to be?
- How closely have the plans been realized at the end of the first nine months?

The first part of this report examines initial planning documents, including minutes from early planning meetings, the Home Start Guidelines, the Evaluation Work Statement, and the 16 project proposals, in order to identify the basic features of the new program. The different documents are compared for consistency; in some areas they were found to say conflicting things, but on the whole a clear model of the program emerged.

The second part of this report examines three broad kinds of data collected from the 16 projects during the first nine months to see how closely the program put forth in the planning documents has been realized. The three kinds of data collected

¹San Diego, California has recently been added to the National Home Start Project, bringing the current site total to 16.

as part of the National Evaluation include:

- Statistics about families, staff, project characteristics, and costs, using an information system;
- Narrative descriptions of project organization and activities, using site visit teams;
- Parent and child entering characteristics in the major Home Start objectives areas, using a standard battery of questionnaires, rating scales, and tests.

Areas of strength and areas of concern have been identified at both the planning and the implementation levels. These strengths and concerns are outlined below.

Planning: What Was Home Start Intended To Be?

To determine the consistency of the initial planning documents, the information contained in four planning sources (initial planning in OCD, the Home Start Guidelines, the Evaluation Work Statement, and the initially approved local proposals) was condensed into three matrices which catalogued this information in terms of inputs, processes, and outcomes. After the consistency of the planning parameters was established, the most representative elements of each matrix were incorporated into a de facto Home Start model (see pages 14-15 of the report). Some areas of inconsistency were also identified, which may in turn help to identify possible ways of improving the program.

In summary, the de facto Home Start model emphasizes two service delivery mechanisms:

Home Visitor interaction. The Home Visitor is to interact with the parent in a way that emphasizes and strengthens the parent's role as primary educator of the child. Home Visitors and community agencies are seen as developmental and supportive but not as substitutes for the parent.

Mobilizing community services. This responsibility is clearly assigned to the local Home Start manager and/or specialists. The basic responsibility of the Home Visitor is at the referral level. In line with National Policy Objectives "Resource Mobilization" is displayed as an outcome of a properly implemented program. This requires the national evaluation to treat program costs and in-kind services as a major component, producing summative data on the program's worth.

In brief, the major strengths and major areas of concern with the planning stage include the following:

Planning: Areas of Strength

- The four planning sources are generally consistent with one another. National parameters were shaped early in the planning stage and have remained quite stable.
- The objective of determining cost/effectiveness was established in the early planning documents and is identified as a primary goal of the national program.
- At the process level, the Home Start Guidelines present a well articulated and comprehensive listing of appropriate processes for the educational component and comprehensive services component (nutrition, health, psychological/social). The component descriptions were of significant assistance in shaping the Home Start model.
- Outcome objectives for parents and children were developed in a consistent manner. For example, the services which Home Start provides to the parent are very similar to the services parents are usually expected to provide to their children. Thus, the parent objectives describe a parent who, as a result of Home Start treatment, becomes a "Home Start program in microcosm".
- The child outcome objectives are the logical re-statement of Home Start parent services in terms of the effect these services would have on the child.

Planning: Areas of Concern

- The Guidelines state that comprehensive services should be provided, but no direction is given as to how local projects should structure themselves in order to coordinate the capture of such services.
- Although the Evaluation Work Statement indicates the need to describe a "national treatment", the Guidelines allow for a variety of delivery systems with the different project sites. Because of this it will be difficult to simply describe a "treatment" for use in interpreting outcome results.

- While the staffing and training sections do not contain contradictions, they do not clearly identify the elements necessary for achieving stated objectives. The role of the Home Visitor receives almost exclusive attention, so that the expected roles of other staff and of parents are unclear.
- While the Home Start Guidelines reject a deficit model, no alternative models are presented to clarify the underlying operational approach used by the national program.

Implementation: To What Extent Have Program Plans
Been Realized over the First Nine Months?

Using information from the Home Start information system, from site visits to all 16 projects, and, to a lesser extent, from standardized measures administered in Fall 1972, the following areas of strength and areas of concern have been identified regarding early program implementation.

Implementation: Areas of Strength

- At the national level, all local sites were selected, grantees identified, and programs made operational within the extremely short allowable time schedule.
- Although local programs vary considerably in the way they are structured, all are providing the variety of services stipulated in the Guidelines.
- Most projects have staffed themselves to treat health services as a most immediate need. Eleven of the projects have a full-time professional responsible for coordinating these services.
- Local projects show a high level of ethnic match between project staff and focal children served. Thus, the Guidelines' concern for ethnic sensitivity has met with positive response in the staffing of Home Start projects.

Implementation: Areas of Concern

- Some projects had difficulty in identifying the families having the greatest need for services, and recruited primarily from lists of families already receiving services from other welfare agencies.

- The relationship between Home Start and Head Start was not clear to many parents. When a choice between the two was available, they often preferred Head Start, which had a longer history in the community.
- The role of the Home Visitor is often unclear. She is usually called upon to be a master educator and an aggressive capturer and coordinator of community services. This is expected of a person with a median income of \$4,680 and limited support and training.
- While proposals often identify persons responsible for the delivery of nutritional, health, psychological, or social services, few of the projects have clearly assigned to one professional person the unique and demanding task of capturing community services on a large scale and in a systematic fashion.

Program Outcomes: Do Program Objectives Correspond to Entering Family Needs?

Appropriate impact data for determining if objectives are being met will not become available until mid-1974, but preliminary data are available to help assess the needs of entering parents and children to determine the appropriateness of stated program objectives. Shortly after joining the program parents expressed some of their needs by indicating what they would like to get out of the program for themselves and their children.

- The greatest desire was for increased educational benefits for the child, followed closely by preparation of the child for school, and parent becoming better educator. These correspond quite closely to the general thrust of the program.
- There was a moderately low level of expectation regarding delivery of medical services, and an even lower level of expectations regarding other services. Although these expectations differ from stated program objectives, they realistically match the funds available in project budgets.

The Fall 1972 data also provide indications of the entering performance levels of children in cognitive, language, social-emotional, and physical development.

- Cognitive development. The Preschool Inventory was used to assess general development in terms of skills typically considered necessary for success in school. In general, the performance of younger Home Start children is above

the test norms and higher than Head Start children. Older Home Start children tend to score equal to or below the norms and below Head Start children who had previous preschool experience, although they were about equal to Head Start children without any past preschool. Interpretation of this finding is complicated by the fact that regional differences are confounded with age differences.

- Language development. The language scale of the Denver Developmental Screening Test was used to assess entering performance. When compared to the norms based on Denver, Colorado children (from a broader SES range), the Home Start sample lags about one year in terms of the age at which a given percent of the children pass an item.
- Social-emotional development. Two rating scales (the Schaefer Behavior Inventory completed by the mother and the Pupil Observation Checklist completed by the community interviewer) and the Personal-Social scale of the Denver Developmental Screening Test were used to assess this aspect of the child's development. The Home Start children were rated high by their mothers on extraversion, task orientation, and tolerance and were rated equally high by the community interviewers on sociability and task orientation. On the Personal-Social scale of the DDST, Home Start children lag about one-half year behind the Denver norms.
- Physical development. The assessment of physical development is subdivided into measures of physical growth (height and weight) and of motor development (gross motor and fine motor). The entering Home Start children were below normal in height (usually below the tenth percentile) but approximately normal in weight, although there are some sex differences. In motor development, as assessed by the Gross Motor and Fine Motor-Adaptive scales of the DDST, the Home Start sample lags about 10 - 11 months in terms of the age at which a given percent of the children pass an item.

In summing up the results based on the entering performance measures, it should be pointed out that the comparison groups consist of children from both middle-income and low-income families. Where both sets of norms are available, the Home Start children tend to perform at levels midway between these two comparison groups indicating reasonable appropriateness of the stated program objectives.

Conclusion

While Home Start has been successful in quickly implementing a basically consistent and comprehensive plan, a few of the major concerns identified in the building of the model are now evident as possible implementation weaknesses. The Guidelines are clear on what Home Start should produce; they are not equally clear on how such a limited staff is to structure itself in order to reach such a high level of productivity. The initial evidence indicates that most projects are still struggling with this task. While some pieces are obviously falling into place, there is need to analyze the Spring 1973 site visitation data on generation of in-kind services and on the actual behavior of the Home Visitor in the home, before initial concerns over inadequate staffing can be put to rest.

I

INTRODUCTION

One Year of Progress

Home Start is barely a year old, but in that space of time 16¹ projects scattered throughout the United States have moved from lifeless descriptions in a series of planning papers to a dynamic demonstration program providing services of many kinds to more than a thousand low income families. Over the next two years these 16 projects are expected to make a measurable impact on the lives of parents and children they serve, helping them overcome some of the hardships imposed by incomes that are less than adequate.

If the most optimistic hopes were to come true, young children from these families would grow into a life free of poverty because of their brief involvement in the Home Start program. Most people, however, would be content to see limited improvements of any kind, no matter how short range they might be. A wave of pessimism in the wake of documents such as the Coleman report, the Westinghouse-Ohio study, the Jencks report, and others revealing the apparent ineffectiveness of schools has forced concerned people to search for alternative ways of helping children of the poor. Intervention in the home seems one of the most promising alternatives, and home-based programs are currently enjoying a surge of popularity in the United States. However, it is an open question whether this popularity will ever become justified by the measured impact of these programs on low income families. The National Home Start Program is intended to help policy makers find out what impact can be expected from a large, federally funded home service program.

Two Questions for This Report

It is too soon in the life of the three-year demonstration program to try to answer the major question about program impact, but two other questions seem appropriate at this time:

¹Fifteen projects were included in the original group funded before Spring 1972. San Diego, California has recently been added as the sixteenth project.

- What was Home Start intended by its planners to be?
- How closely have the plans been realized at the end of the first nine months?

A year and a half ago Home Start was little more than an idea in the minds of a few policy makers in the Office of Child Development. This idea was refined and made more concrete by a small, dedicated program staff at OCD, with help from some of the nation's foremost early childhood educators and researchers. A set of National Guidelines was written to describe the Home Start idea for others, and certain communities were nominated by OCD regional staff to submit proposals to operate projects following the guidelines. Sixteen proposals were approved by the staff in Washington, each describing the approach people felt would best meet the needs of low income families in each community. Finally, an Evaluation Work Statement was prepared by research staff in OCD describing in broad terms the objectives to be assessed in each of the local projects. These documents were prepared before a single Home Start project began operation, to shape each funded project to the master idea.

The first part of this report examines these planning documents to identify the basic features of the new program. The different documents are compared for consistency; in some areas they were found to say conflicting things, but on the whole a clear model of the program emerged.

The second part of this report examines three broad kinds of data collected from the 16 projects during the first nine months to see how closely the program put forth in the planning documents has been realized. The three kinds of data collected as part of the National Evaluation include:

- statistics about families, staff, project characteristics, and costs, using an information system;
- narrative descriptions of project organization and activities, using site visit teams;
- parent and child entering characteristics in all of the major Home Start objectives areas, using a standard battery of questionnaires, rating scales, and tests.

This report is meant to be complete in itself as a summary analysis of the most important aspects of currently available data, although none of the data are actually presented here.

Instead, the data are presented in a series of resource volumes for this report, as are descriptions of the methods used to gather the data. No attempt was made to distribute the resource volumes with the report because of their overwhelming size, but they will soon be available to interested readers through the ERIC system. The following papers are included in the resource volumes:

- 16 narrative case studies for Fall 1972, one for each project;
- a national case study, which examines events in Washington since Interim Report I;
- a description of the procedure used to prepare the case studies;
- aggregate and individual descriptions of the basic project statistics, from the Fall 1972 quarterly information system summaries;
- an analysis of data collected in Fall 1972 using the parent and child measurement battery, with the focus on assessing the battery for adequacy in the formal impact evaluation beginning in Fall 1973;
- a detailed description of the field operations that were followed in collecting the parent and child data.

Organization of This Report

Four major sections follow. The first describes the construction of the model, the second compares program implementation data from the first nine months (March through November, 1972) to the model, the third enumerates some of the problems faced by local project staff, and the fourth briefly summarizes the findings. The content of each section is as follows:

II. From Early Plans to a National Model

Four different sets of Home Start planning documents are used to derive an input-process-output model that is designed to serve as the continuing program hypothesis against which program implementation can be measured.

III. Plans vs. Reality: The First Nine Months

Program Inputs. Data describing the families, staff, project elements, and costs from the 16 projects are summarized and compared to the model.

Program Processes. Narrative site visit data about parent involvement, staff training, educational services, and comprehensive services are compared to the model for consistency.

Program Outputs. Data from parent questionnaires and child performance measures about entering family needs are compared to the objectives from the model to see if the needs assumed for this population are accurate.

IV. Problems Encountered by Local Project Staff

Problems of the first nine months related to program stability, Home Visitor support, and information dissemination are briefly described, and some implications of the problems are discussed.

V. Summary of Findings

Overall conclusions are briefly summarized, along with issues that seem to require future attention either by program staff or evaluators.

II

FROM EARLY PLANS TO A NATIONAL MODEL

In order to deal effectively with ongoing evaluation questions about Home Start, an overall program hypothesis is needed against which comparative judgments can be made. The task of the Home Start evaluators is not only to measure inputs (families, staff, project elements, and costs), and outputs (effectiveness measures of impact on parents, children, and community resources mobilization), but also to document and analyze program processes in a manner that will permit at least intelligent correlation of process and outcome, if not the establishment of causal connections.

To accomplish this an input-process-output model has been derived from the Home Start planning documents that is designed to serve as the continuing program hypothesis against which program implementation can be measured. This normative building process is summarized in the remainder of this section. A series of planning matrices present a compressed overview of statements made by four different sets of planning documents; the National Model is then developed from these summary statements. A cautionary word is in order about the model: although this report attempts to identify a firm model, it would be unfair to the planners to imply that they intended this model to be final for all three years of the program. Rather it must be viewed as part of a continuing dynamic process, for just as the planning documents determined the initial format of the local projects, experience gained during the first year in the sites will determine alterations to the original model. In such a process this report can help to identify areas of inconsistency between plans and implementation, but decisions must rest with national staff about whether to alter the model or to alter the local projects. Of course, many of the inconsistencies will be judged to have only incidental interest, and not important enough to justify taking direct action of any kind.

The planning documents include memos from early planning conferences, the Home Start Guidelines, the Evaluation Work Statement, and the 16 project proposals submitted for funding.

The documents used in this report were written over a period of about six months. During the initial Home Start planning period through early Fall, 1972, the Office of Child Development identified major program goals and involved national experts in identifying the necessary elements of a successful program. The National Director of Home Start used these initial plans together with input from national conferences and her own expertise in child development to further articulate program components, delivery systems and objectives. (The Home Start Program: Guidelines, 1971.) In addition, the Evaluation Work Statement (January 14, 1972) which was prepared during the same period as the Guidelines and closely coordinated with them, specified the manner in which the relationships between elements, components and objectives should be examined.

Finally, the local projects wrote their initial proposals using the National Home Start Guidelines to shape local objectives and structure local programs. Their unique contribution can perhaps best be identified by examining the way they planned their staffing (including job descriptions) and the way they budgeted funds across the various components and elements. The 16 proposals actually represent an intermediate step between the national planning documents and project operation in the local sites, but they were viewed as planning documents in this report for two reasons: first, they were prepared before projects began in the respective sites, and were used to shape the local projects; second, they directly represent the views of the national planners to the extent that they are federally approved statements of the local goals and organizational plans for each different local project.

The Planning Matrices that follow cover three broad areas:

- National Parameters (or Constraints)
- Local Inputs and Processes
- Parent and Child Development Objectives

National Parameters (or Constraints) are those broadly defined characteristics of the national program within which each of the local programs must operate. For example, while local programs will adapt themselves to certain local needs, they will share a similarity of size (all are funded at approximately \$100,000), structure (adjuncts to Head Start or other CAA agency), and purpose (all are required to develop parents as educators of their own children and attend to the provision of nutrition, health, and psychological services).

Local Inputs and Processes include the way local staffs organize their resources (staff, travel allowances, funds for direct services), and the ways in which the local projects plan to deliver their services. While the organization of resources (staffing patterns, etc.) is generally left up to the local administrators, the delivery processes are outlined in the Guidelines (e.g., information, referral, follow-up, and support from community agencies are required elements within the support services component).

Parent and Child Development Objectives identify the major outcomes expected of the Home Start Program. They include increased parent skills in teaching and homemaking, increased child development in cognitive, social, and physical skills, and increased mobilization of community resources.

Each section of the matrix is analyzed for consistency across the four sets of planning documents. Matrix elements which are most representative of the total planning process are then identified. Where significant lack of consistency is detected, the implications of such inconsistencies for program effectiveness (and evaluative clarity) will be briefly discussed. The Guidelines was usually given priority among the four documents in constructing the model.

The Consistency of National Parameters

Figure 1 shows how each of the four planning sources shaped such national parameters as program definition, national organization, service population, national policy objectives, and the national evaluation. Row by row inspection indicates that the four sources of the national parameters are generally consistent with one another. National parameters were shaped early in the planning stage and have remained quite stable. The objective of determining cost/effectiveness was articulated in the early planning documents and is identified as a primary product or outcome to this national program, but child development objectives were not explicated until a later stage of the planning process.

●●● Areas of concern. In the first row ("Definitions of Program"), the Guidelines state that comprehensive services should be provided, but no direction is given as to how local projects should structure themselves in order to co-ordinate comprehensive services (nutritional, health, psychological, and social). A study of the initially approved proposals shows that this lack of clarity has carried over into most of the local projects where the responsibility for coordinating services is often divided among several professionals or placed directly upon the Home Visitors.

FIGURE 1: HOME START PLANNING MATRIX--
NATIONAL PARAMETERS

National Parameters	Initial Planning in OGD	Home Start Guidelines Dec. 1971	Evaluation Work Statement Jan. 14, 1972	Initially Approved Proposals
Definitions of Program:	1) home based 2) parent first ed. 3) head start type of comprehensive services (working paper)	same as preceding	same for practical purposes	Proposals are generally consistent with guidelines. A typical program staff consists of three professionals, seven Home Visitors, and a secretary. Responsibility for coordination of services is frequently divided or placed upon the Home Visitors
National Organization:	1) adjuncts to head/s or PCC 2) 15 programs in operation by Feb. 1972 (Ziegler) 3) \$100,000 per program (w. paper)	1) adjuncts to head/s or CMA via sup. grants 2) include parent policy committees 3) coord. head/s type services	(not discussed in Work Statement)	1) programs are adjuncts to appropriate agencies 2) all programs have a) Home Start PFC, b) representation on Head Start PCC or on Advisory Board of Grantee 3) responsibility for coordination of services varies: a) program administrator; b) combination of specialists c) Home Visitors (budget range [\$99,989-\$107,351] in-kind average (10.9%))
Service Population:	1) children 0-5 years with head/s or PCC eligibility 2) 30-40 families per center is ideal for quality (w. paper) but more than 50 families will be necessary (amendment to w. paper)	1) children 3-6 who meet head/s requirements 2) 80 families per center plus over-recruitment for evaluation	1) generally same as Guidelines with addition of 1. a younger sibling factor 2. clarification of "advanced recruitment" for multiple treatment groups	1) programs specify children 3-5 or 3-6 2) most programs specify 80 families are to be served (some specify 60 families)
National Policy Objectives:	1) demonstrate alt. methods of delivering head/s type services 2) determine relative costs of center versus home-based programs (w. paper)	1) to deliver services where head/s can't feasibly do so 2) to determine costs relative to head/s	1) develop a home-based model 2) a model serving more children for the dollar than head/s 3) delivering where head/s isn't feasible 4) determine cost-benefit of head/s - home/s	1) proposals frequently stress the outreach value of Home Start 2) budgets are written in a manner that permits elementary cost analysis by component (e.g., health, training). However, the Home Visitor's role in referrals complexities analysis
National Evaluation	1) a delivery system with several models (w. paper) 2) limited to 3-4 models (10/27/72)	1) variety of delivery systems a) home v. par-child b) home v. parent c) home v. child groups (with a or b)	1) address national objectives through local models 2) enough commonality to describe a "national treatment" 3) include all guideline components	While proposals do contain the components outlined in the guidelines, staffing patterns and delivery systems vary extensively. Description of a "national" treatment will be difficult at the process level
1. Development of a Model(s)	1) willingness to over-recruit 2) Year I: delivery system and costs 3) Year II & III: impact on child and family attitudes (w. paper)	1) 80 families plus over-recruit 2) continued \$ for programs accurately reflecting phil., objectives and	1) Year I: evaluation "relative to some local and national objectives using pre and post measures" (RFP page 6) 2) Year II & III: similar to pre-ec but reduce self-image objective	(Over-recruiting is not treated in the proposal outline)
2. Research Design				

The row labelled "National Evaluation" indicates the need to develop a model, but this may be very difficult when the Guidelines allow for a variety of delivery systems with a required component structure. The "Initially Approved Proposals" column indicates a wide range of program organization and staffing. This suggests that analysis of cost data and process data will require many approximations.

Also in the same row, there seems to be a discrepancy between the Guidelines and the Evaluation Work Statement about whether Year I is a formal evaluation year or not. While the Guidelines allow the projects a full year to prepare themselves for a comprehensive evaluation, the Evaluation Work Statement notes that Year I will be evaluated relative to some local and national objectives using pre- and post- measures.

Consistency of Local Inputs and Processes

Figure 2 presents summary information on how local projects were supposed to organize themselves in order to deliver services. The four row titles--local staffing, policy role of parents, training, and services--were determined by the pattern into which the various materials most naturally fell. For example, the role of parents in general could not be separated from the more specific objective of developing parents as educators. Thus, the "Parent Policy" row of the matrix is expansive and complex. "Training", on the other hand, did not tend to get caught up in other program issues and thus remains compact. One area of the matrix which is especially well articulated and comprehensive is the Guidelines' listing of appropriate processes for the educational component and the comprehensive services component (nutrition, health, psychological, and social). These component descriptors were of significant assistance in shaping the Home Start Model derived later in this section.

There are few contradictions between the various cells of the Inputs and Processes matrix. The planning sources are generally compatible regarding staffing, training, and services, although initial budgets did show two projects providing paid health services to "families" or "parents" although the Guidelines (p. 4) appear to limit direct health expenditure to children's services only. Staffing and training areas of the matrix do not contain obvious contradictions, but they may be inconsistent in the broader sense that they do not clearly identify the elements necessary for achieving stated objectives. Some lack of detail was deliberate in

FIGURE 4: HOME START PLANNING MATRIX--LOCAL INPUTS AND PROCESSES

Local Input	Initial Planning in OCP	Home Start Guidelines Dec. 1971	Evaluation Work Statement Jan. 14, 1972	Initially Approved Proposals												
Local Staffing	home visitors are given detailed tasks in the working paper; in addition, "the program must identify, coordinate, integrate and utilize existing community resources and services..."	although training of paraprofessionals, parents and volunteers is indicated, almost exclusive emphasis is on home visitors sensitive to local needs	no further explication. Conformity to guidelines is assumed	the typical staff consists of: (staffs continue 7-16) 1) Director (or Coordinator) Home Visitors 2) Home Visitor Supervisor or a Specialist (Nurse/Social Worker/Psychologist) *Median salary of Home Visitors is \$4680 (from \$3000 to \$7150) 3) Education Coordinator 4) Seven Home Visitors* 5) Secretary												
Role of Parents	1) Dr. Zigler notes the program should "help parents achieve goals they already have for their children" 2) The Planning Committee: major goal is to facilitate change in systems and institutions affecting family life by relying on existing family strengths 3) O'Keefe: not a family or child deficit model 4) W. paper: some info. on parent attitude should be collected	1) programs must have Parent Policy Committee either new or part of Head/s PCC 2) parents are the first and most influential educators of their children 3) fathers are to be involved whenever possible (program must make provisions for evening and weekend programs)	while assuming conformity to guidelines, the RPP stresses improving parents as educators, including: a) improved self-image or self-concept b) improved "teaching skills" c) improved "motivation"	1) parent policy involvement is provided for through Home Start PCCs or representation on Head Start or Grantee committees 2) "parents as most important educators" is repeated in all proposals (Note: all but three proposals have parent objective regarding improved "self-image," "self-confidence," "self-identity" 3) provisions for involvement with fathers is limited. Such methods as participation in the monthly PPC, monthly newsletters and occasional evening home visits are discussed												
Training	1) national workshops 2) on-going in-service 3) assistance from representative of existing model	training must include paraprofessionals, parents and volunteers	notes, by way of example that training is a component and that it involves parents	training components make provisions for involvement of paraprofessionals, parents and volunteers												
Services	must provide some form of all head/s services--educational, medical, dental, nutrition, psychological, social	provide nutrition, health, social, psychological services as needed to child, family through community resources on "public, reduced fee or free basis" (program \$ for child's health needs) Although an information, screening, referral, treatment, follow-up cycle is outlined for all of these services, the Guidelines do recommend unique areas of emphasis within each service field.	"Each project will consist of a number of components..." is expected that these components will be common across projects since they are required in the guidelines." (RFP p. 13)	1) all programs appear to budget for medical screening, and all but two or three appear to budget for dental screening (Note: some budgets "lump" these costs) 2) four programs have no medical or dental budget 3) while most programs budget funds only for the child, two programs budget for "families" or "child and parent" 4) numbers served ranges from 240 to 20, with 200 children or 80 children mentioned most frequently 5) a typical medical-dental budget includes: <table><tr><td>Screening</td><td>\$1200</td><td>Treatment</td><td>\$1800</td><td>Total</td><td>\$3000</td></tr><tr><td>Medical</td><td>\$200</td><td>Dental</td><td>\$500</td><td></td><td>\$3300</td></tr></table> 6) Limited psychological services are also budgeted	Screening	\$1200	Treatment	\$1800	Total	\$3000	Medical	\$200	Dental	\$500		\$3300
Screening	\$1200	Treatment	\$1800	Total	\$3000											
Medical	\$200	Dental	\$500		\$3300											

order to provide flexibility so each project could make best use of local resources to meet local needs, but additional clarification still seemed possible and useful. This concern will be amplified below.

One incompatibility exists in the "Policy Role of Parents". While a parent or child deficit model was rejected during initial planning and in the Guidelines, the Evaluation Work Statement and most initial proposals insert an objective regarding the improvement of the parents' self-image. While such an objective is not the equivalent of establishing a deficit model, the question can be raised as to whether an "improvement of self-image" objective does not imply a presumed basic inadequacy on the part of Home Start parents.

... Areas of concern. In the row labelled "Local Staffing", the national planning documents do not attempt to describe acceptable staffing patterns (the role of the Home Visitor receives almost exclusive attention). As a result, neither Home Start managers nor the evaluators can readily determine whether local staff patterns are consistent with the national effort.

In the row labelled "Role of Parents", the Evaluation Work Statement and all but three initial proposals have "inserted" a parent self-image objective not present in the Guidelines or earlier planning.

Consistency of Parent and Child Objectives

Figure 3 shows the role of initial planning in OCD, the Home Start Guidelines, the Evaluation Work Statement, and the initially approved local proposals in explicating the parent and child objectives (outcomes) of Home Start.

The planning process moves in a consistent manner in identifying parent and child objectives. The services which Home Start provides to the parent are very similar to the services parents are usually expected to provide to their children. The parent objectives describe a parent who, as a result of the Home Start treatment, becomes a "Home Start program in microcosm". The Home Start parent is to incorporate into her regular behavior such processes delivered by the program as developmental education, improved family management, the identification and appropriate response to family health and nutritional needs, and better utilization of community resources.

FIGURE 3: HOME START PLANNING MATRIX--
PARENT AND CHILD OBJECTIVES

PARENT AND CHILD OBJECTIVES					
Parent and Child Objectives	Initial Planning in OCH	Home Start Guidelines Dec. 1971	Work Statement Jan. 14, 1972	Initially Approved Proposals	
Development of Parents as Educators	parents will have the opportunity to learn (working paper): a) child-rearing and family management b) behavior management c) using child's typical environment as teaching tools d) turning everyday experiences into constructive learning e) encourage language development f) specifics of health and nutrition g) use of community resources	Similar to working paper with addition of: a) enhancing child's social and emotional development b) learning about various effects of the interaction between parents, children and other family members (Also, fathers are to be involved whenever possible and provision must be made for evening and weekend services)	Emphasis is on: a) enhancement of the parents' self-image* b) enhancement of the parents' "teaching skills" (At times the term self-concept is used. Also, the enhancement of parental motivation is sometimes included)	1) Proposals state objectives similar to those in the guidelines 2) All but three proposals have an improved self-image objective for parents 3) Provisions for involvement of fathers is limited	
	Child development objectives were not explicated as such. However, delivery of the following "Development Services" was detailed: educational medical, dental psychological social (language development is included as a parent-as-educator role)	Explicates total development of the child to include: cognitive language social emotional physical	States that effective programs should lead to the "enhancement of the optimal social physical cognitive development in children." (One RFP evaluative question asks if the children have at least <u>normal growth</u> in the above areas)	Proposals state objectives consistent with the components: nutrition health psychological/ social services educational	

The child objectives are the logical restatement of Home Start parent services in terms of the effect these services should have on the child. For example, the educational component is to produce improved cognitive and language growth, and the health and nutritional services are to produce improved physical development.

●●● Areas of concern. The fact that the Evaluation Work Statement and most local proposals "insert" a parent self-image objective has implications for the clarifying of outcome objectives in much the same way as this insertion had implications at the process level. The skills listed in the Guidelines describe a variety of activities which the parent can carry out. These skills (such as using the child's typical environment as teaching tools) are open to ongoing development. Parents could indicate a need to improve these skills without admitting to some real inadequacy or deficiency at the present time. Self-image, on the other hand, is not a skill or activity. An image that needs improvement is an image that may presently be unclear, out of focus, incorrect, unintegrated, or inadequate. An admission of "need for improvement" may often imply a deficit at present.

The Home Start Model

Figure 4 presents a reasonably literal display of the most representative program features described in the planning matrices. This graphic summary helps show relationships between the three different program aspects (inputs, processes, outcomes) described in the planning documents, and because of its detail, serves as the principal model against which program implementation is measured in Part III of this analysis. Figure 5 presents a simplified and stylized model that conveys the fundamental features of Home Start more clearly than the literal model. Of the four planning sources, the Home Start Guidelines were drawn upon most heavily for constructing these models.

Both models clearly indicate the two primary methods of service delivery to families--support of the parent by Home Visitors and direct comprehensive services through community agencies:

- The Home Visitor is to interact primarily with the parent so that the parent is seen as the primary agent for the total development of the child. Home Visitors and community agencies are seen as developmental and supportive but not as substitutes for the parent.

FIGURE 4. LITTEPAL HOME START MODEL FROM PLANNING DOCUMENTS

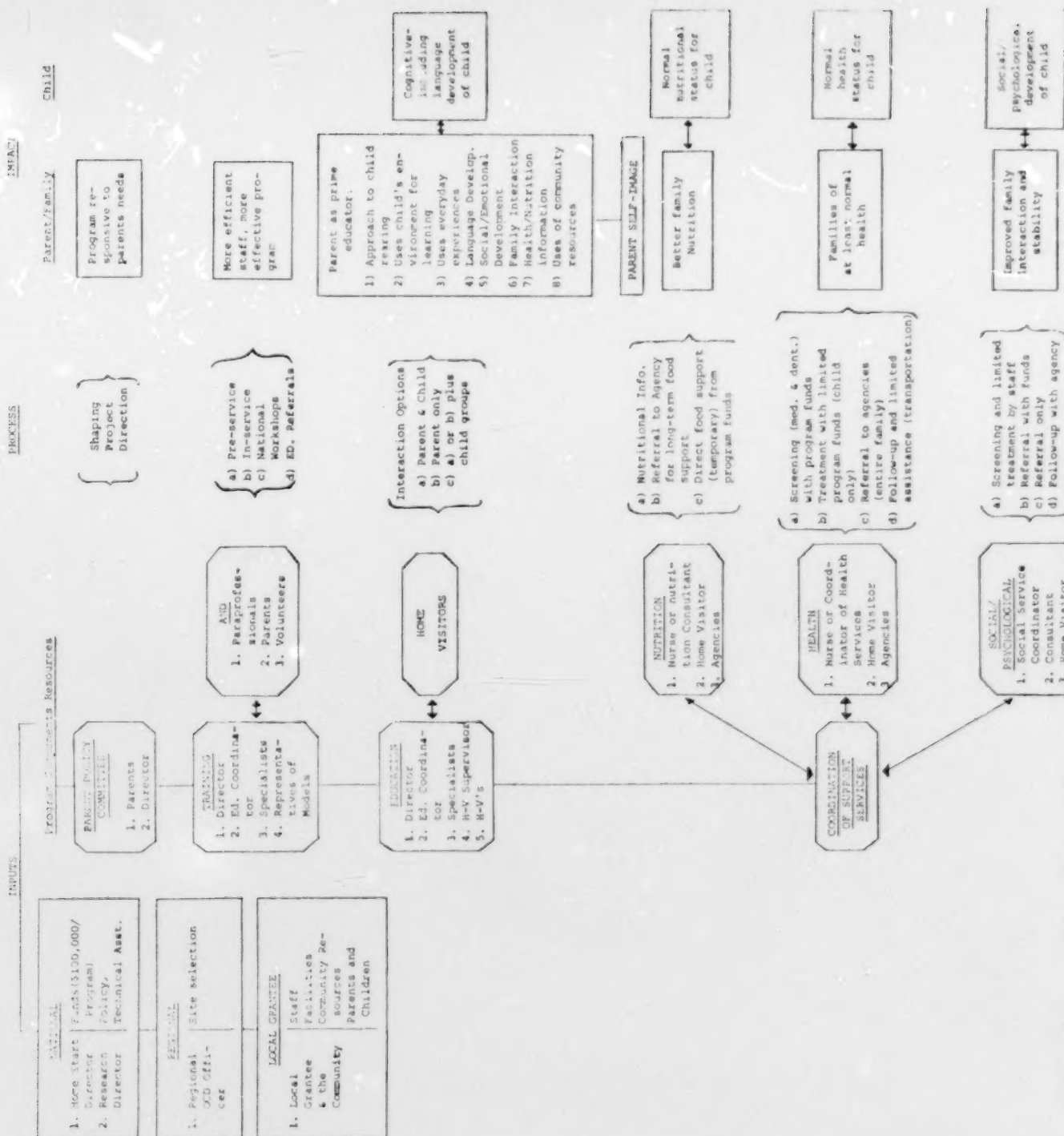
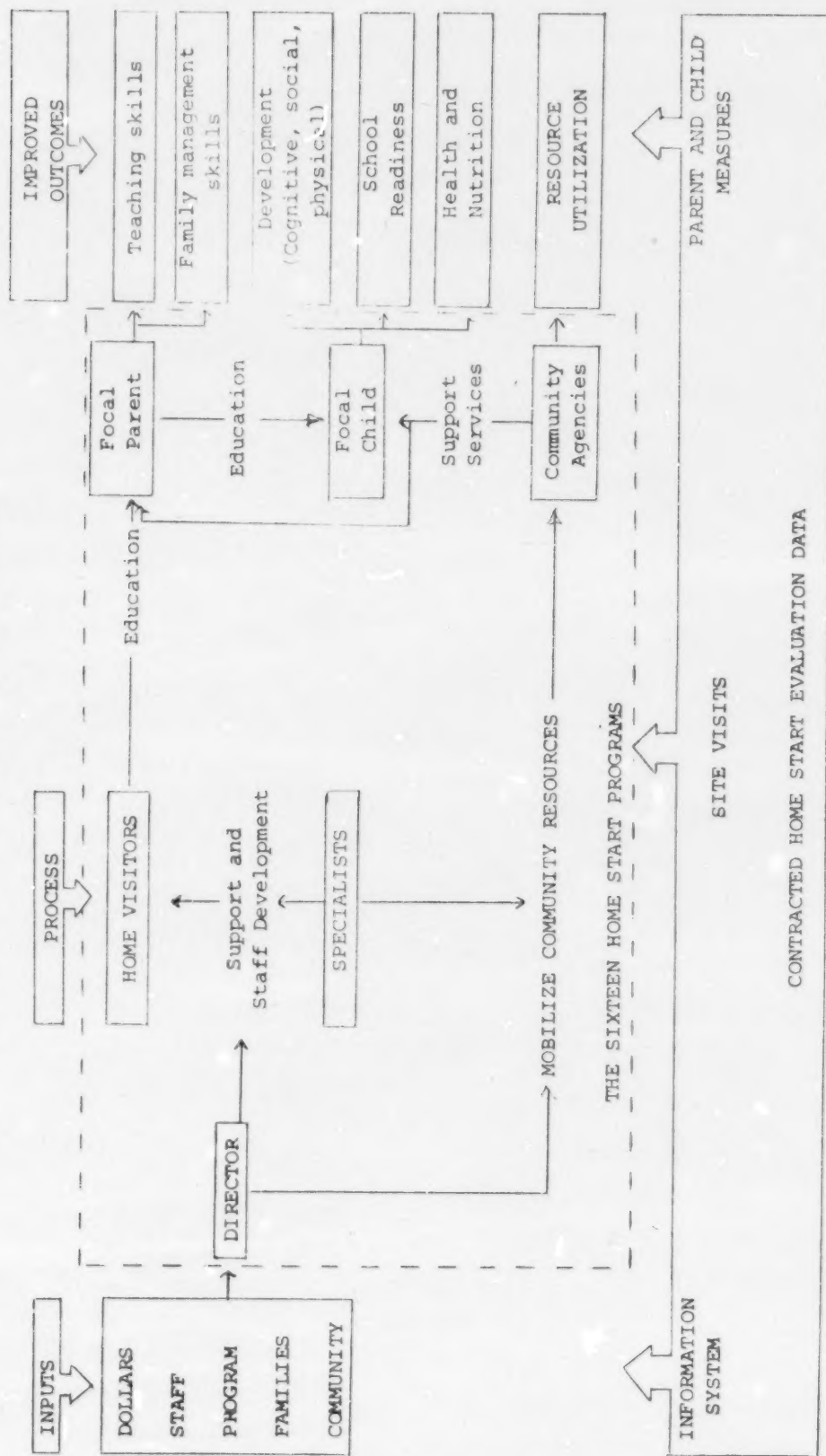


FIGURE 5

SIMPLIFIED NATIONAL HOME START MODEL



- The responsibility for mobilizing community services is clearly assigned to the local Home Start manager (director, coordinator) and/or specialists. The basic responsibility of the Home Visitor is at the referral level.

"Resource Utilization" is displayed as an outcome of the Home Start Model. This is a reflection of the national policy objective concerning cost-effectiveness. With resource utilization seen as an outcome of the process rather than as only a means of supporting child development, measures of in-kind services have been developed and will be employed as a major component of the national evaluation.

III

PLANS VS. REALITY: THE FIRST NINE MONTHS

The preceding section of this report has outlined the initial planning process for Home Start. Using OCD planning documents, the Home Start Guidelines, the Evaluation Work Statement, and 15 first-year proposals, a de facto model of Home Start has been constructed. This model was critiqued in terms of its internal consistency, and initial planning was found to be generally consistent. National policy objectives were clearly stated. Objectives concerning the developmental impact on parents and children were presented with little ambiguity (except for introduction of the parent self-image objective which is not contained in the Home Start Guidelines). The roles of parent involvement and staff development are outlined. Most importantly, the elements or processes of the four service components (education, nutrition, health, psychological, and social) are described. As these service processes include both identification of need and the provision of actual services (through project funds as a last resort), they can be said to be consistent or comprehensive.

This section examines information from the first nine months of program implementation and compares it to the model. The start-up period was characterized by intense activity in an effort to achieve full operational status for the National Program:

- By Fall 1972 the National Office at OCD had met its first implementation objective: 15 home based programs were in full operation, and one additional project had just been funded.
- These programs were adjuncts to appropriate agencies and were organized to provide at least the minimally required services in education, nutrition, health, and social assistance.
- Between March and October, 1972, the following progress had occurred:

Staff: the number of staff employed had reached 168 with a median of 12 staff per program compared to a median of 69 families per program.

Families: reached 1,072 or 92% of planned capacity (planned capacity included 80 families in 13 programs and 60 families in two for a total of 1,160). Six programs had not yet reached 90% of their requirement while three programs had exceeded their requirement.

Children: total number of children in families being served reached 3,981. Of these, 2,264 (91% of planned goal) were in the target age range of 0-5, and of the target children 1,265 were children in the focal age range of 3-5.

Services: all programs were providing health, nutrition, psychological, social and education services to these families. Home Visitors are the principal providers of educational services, while specialists and/or other agencies (via referral) provide the remainder.

These statistics suggest that all the major start-up goals are being met at the national level, but it is necessary to look within each of these areas to determine the level of correspondence to specific aspects of the model.

In the subsections below, each of the three program elements included in the model (inputs, processes, and outcomes) is examined separately in terms of field implementation. Analysis in each case will compare component findings to the appropriate section of the model. In this way the analysis will seek to identify gaps in program implementation as well as areas in which implementation is proceeding smoothly. This "search for missing parts" is necessary if the central question of the Evaluation Work Statement is to be answered:

Do the components and elements have at least face validity as the necessary events by which objectives can be achieved?

While reading each section please keep in mind that this preliminary analysis represents the first step of a process that will continue until the end of the evaluation, and many of the statements will be revised as soon as additional information becomes available.

Program Inputs

Four necessary ingredients must be available before a project can become operational: there must be families to be served, staff to serve them, a program format for bringing them together, and some financial resources for support. One way of describing a project is to look at the characteristics of families, staff, programs, and costs using basic statistics (nose counts) obtained from a quarterly information system. This approach is not very precise in its description of program processes, but it can provide an easily understandable picture of the program's general nature and size. This section looks at information system data about each of the four Home Start program inputs and compares them to the national model. Additional information is presented from the site visit reports about problems in recruiting and some of the project characteristics.

The Home Start Family

The typical family. The typical Home Start family in the Fall of 1972 has as focal parent a woman 31 years of age. She is mother of four children ages one, four, seven and ten years. She and her husband live in a rural or semi-urban area; her husband is currently employed only part-time; total family income is between \$2,000 and \$4,000 annually. Both parents have some high school education. This family was already part of a poverty agency network at the time the Home Start program began. They have used or are using welfare services, food stamps, food commodities, public clinic or hospital medical service. The family first heard of the Home Start program from a Home Visitor who identified them from a roster provided by the local Head Start program or a community service agency. Families' first impressions after a short time in the program were favorable.

The focal child in this family is either three or four years old, boy or girl. Although he and his three brothers and sisters may be Caucasian (63%), he may also be Black (18%), Mexican-American (9%), American Indian (7%), or a member of another minority (3%). By Fall 1972, the child and his family had been in Home Start for three months.

Recruiting. The pressures of rapid recruiting produced more problems than anticipated. The major problem was not so much one of finding interested families, but rather of finding qualified families. Due to poverty eligibility requirements and research design requirements, the Guidelines specified criteria for family income, focal child age, sibling

ages, times of enrollment and termination, and overall number of families per project. In addition, children could not be enrolled in Head Start or other compensatory programs.

Families recruited for Home Start were identified from three primary sources:

- existing lists from related Head Start programs;
- existing lists from community service agencies (welfare, public health);
- direct target area recruiting by program staff.

A small percentage of families learned about Home Start through local media and a few families were referred by Head Start or local school systems. In many cases project staff had to do door-to-door recruiting to reach their original enrollment goals of 80 families. Two projects requested and received permission to lower maximum enrollment to 60 families because of special circumstances.

Some programs had to compete for eligible families with Head Start, public kindergarten, and other early childhood programs; in other programs, the geographic distance between eligible families slowed decisions about areas where recruiting should take place and made recruiting itself very time-consuming. Recruitment of families with children precisely the right ages for the evaluation design was often difficult. Projects often had to turn down or postpone enrollment of families because their children were not of the appropriate ages. Another problem was whether to enroll children of mothers working full- or part-time who could not easily take part in Home Start activities. In some programs, focal mothers work part-time and participate in Home Start during their time off. In at least one program, a Home Visitor works with focal children and the babysitter who stays with them regularly during the day.

In spite of the difficulties in recruiting mentioned above, overall statistics show that the projects have been quite successful in enrolling families (92% of capacity has been reached).

••• Areas of concern. The hurried recruiting using existing rosters brought into the program many families who had previous experience with agencies serving low income families. While this often guaranteed the meeting of the Head Start eligibility guideline requirements, it also meant

that new staff in an innovative program could potentially find themselves working with families who saw Home Start as simply "another agency program". More importantly, low income families not on existing agency rosters probably have a greater need for services but might be missed under the present recruiting system.

In addition, the typical focal mother has already completed one-third to one-half of her parenting. Given an over-application situation, the recruitment of mothers new to child-rearing may be more advantageous in that the mother will not yet have her own set of patterns of child-rearing, and that she will have more child-rearing years ahead of her and thus will be able to utilize her new development skills with more of her children over a longer period of time.

During the Fall 1972 quarter, 17% of the Home Start families left the program. The major reason for termination was "moving from service area". Other reasons were "focal child is now in first grade or kindergarten", or "lack of interest". Although the termination rate may be tolerable, there appears to be a relationship between high termination and hurried recruiting which should be further investigated as new families enroll in Fall 1973.

Local Home Start Staff

Typical staff. Local staff patterns were drawn from proposals and grouped in terms of the program components outlined in the Home Start Guidelines. A typical staff consists of the following:

- Director (or Coordinator)
- Home Visitor Supervisor or a Specialist (Nurse, Social Worker, or Psychologist)
- Education Coordinator
- Seven Home Visitors (numbers range from 4 to 16)
- Secretary

As of Fall 1972, the projects had an average of 12 staff members. Ninety-five per cent were full-time, and 95% were women. The median age was about 31, and very few were younger than 20 or older than 50. As for experience and education, one-half had previous experience with related

programs and 41% had children of their own in the focal age group (3-5). All but about 10% had graduated from high school, and 40% had some college background. Approximately 11% of the Home Visitors had earned some college degree (Associate, Bachelor, Graduate).

During the second quarter, the typical project had received 140 hours of volunteer services, two-thirds of which was from nonprofessionals. This does not quite reach the equivalent of another full time staff member added to the eleven or so paid staff.

Annualized salaries for project staff varied substantially within projects and across projects. A study of first-year proposal budgets shows the planned salary for the top administrator ranging from approximately \$7,000 to \$14,000. Planned salaries for the focal staff persons--the Home Visitors--ranged from \$3,000 to \$7,150 with a median salary of \$4,680. The Home Visitor was usually the lowest paid person on the staff (with the exception of half the programs who paid their secretary/typist somewhat less).

Ethnicity of staff and children. Home Start Guidelines note that preference in hiring should be given to individuals "sensitive to the culture and needs of the participant families" (p. 15). Table 1 compares data on staff and child ethnicity across all programs together and shows that at the national level they are strikingly similar. No discrepancies are greater than 4% and most are 2% or less. Thus it appears that over all projects the ethnicity guidelines are being implemented.

Staff-child ethnicity was examined within the individual projects by comparing "Other Caucasian" (i.e., people who are not Mexican-American, Puerto Rican, Black, American Indian, Native Alaskan, Polynesian, Oriental) percentages for staff and project children. In nine of the 14 projects with sufficient data, the staff-child percentages varied less than 10%, four projects varied between 10% and 20%, and one varied 13%. The match of ethnicity for minority groups was also examined within individual projects. In 19 of the 22 instances where another minority group was represented, the percentages of children and staff varied less than 10%. Only three showed greater discrepancies than that, varying 11%, 23%, and 26%. Thus, the ethnicity guidelines are being implemented at the individual project level.

Comparison to the Home Start model. The component structure section of the model was developed from the description of program components and requirements in the Home Start Guidelines (pp. 2-7). The staff listed with

2

TABLE 1

Ethnicity of Staff and Children

Fall, 1972

<u>Number</u>	<u>Staff</u>	<u>Children</u>
	168	1,265
Mexican-American	13%	9%
Puerto Rican	1%	1%
Other Caucasian	59%	63%
Black	20%	18%
American Indian	7%	7%
Native Alaskan	1%	1%
Polynesian	-	-
Oriental	-	0%
Other and Not Known	-	1%

each component are simply those staff titles which most frequently occurred in first-year proposals, so it is not meaningful to compare the typical staff pattern with the model.

Comparing the staffing pattern of each project to the typical staff pattern does not lead to conclusions about the appropriateness of local staffing, since it can not be ascertained whether the "typical" staff pattern is itself consistent with the model. Comparison to the typical staff is effective for illustrating the range of local staffing options, however. For example, once one knows that the typical or median number of Home Visitors is seven, the extremes can easily be put in perspective, such as the project with only four and the one with 16.

Comparing actual staffing to the component structure as outlined in the Guidelines permits statements regarding the reasonableness of local staffing patterns for carrying out the functions of the component, since the components actually reflect comprehensive lists of service processes as outlined in the Guidelines. For example, the "Coordination of Support Services" segment of the model reflects Guidelines requirement #4 relating to the identification, coordination, integration, and utilization of existing community resources and services (p. 3).

●●● Areas of concern. Such a comparison of staffing patterns in the proposal to the component structure indicated by the Guidelines identifies two areas of concern regarding the appropriateness of local staffs:

- Home Visitors are frequently required to be both innovative educators and coordinators of community services. This ability to function as "community generalists" is expected of people having only minimal training. Moreover their salary is quite low (median of \$4,680), probably reflecting expected entering skill levels.
- While proposals often identify persons responsible for the delivery of nutritional, health, psychological, or social services, only one-third of the proposals identify a person with special training or experience (according to the job descriptions) as responsible for the day-to-day coordination of the delivery of these comprehensive and interrelated services.

Further discussion of these areas of possible inconsistency occurs in later sections on the various components. Those sections examine implementation data to determine whether logical inconsistencies identified at the planning level have resulted in implementation problems during Year 1.

Project Characteristics

Typical Home Start project. The typical project is located in a mixed small-town and rural setting, serving families within a single county area. The grantee agency is the local CAP organization, which also administers the local Head Start project. The two projects provide alternative choices for families of preschoolers, although Head Start is better known among the parents because of its longer history in the community, and often tends to be their first choice. The Home Start project has enrolled 72 families out of its planned 80, and families have two preschool-aged children so that when the oldest leaves Home Start for public kindergarten another from the family will be the right age to enter Home Start.

The Home Start project employs 12 full-time staff members, including a director, seven Home Visitors, an education coordinator, a nurse, one specialist in education, health, or nutrition, and a secretary. Each Home Visitor visits her ten families once each week for one to two hours. For a half-day each week the Home Visitors meet in a group with their director and educational coordinator to discuss problems they encountered during the week and learn about better ways of helping parents and children.

●●● Areas of concern. The Guidelines indicate that Home Start should deliver services where Head Start can't feasibly do so, such as in extremely far-flung rural areas. In most sites, however, the two projects are in competition for families, and since Home Start is a newer program and less well known to the community it often ranks as second choice with parents. The original planning in OCD viewed the two projects as alternative choices for parents, and this role could be strengthened if recruiting for both projects was done through a single source. The relationship between the two projects is not well understood by people in the field and needs clarification.

Project Costs

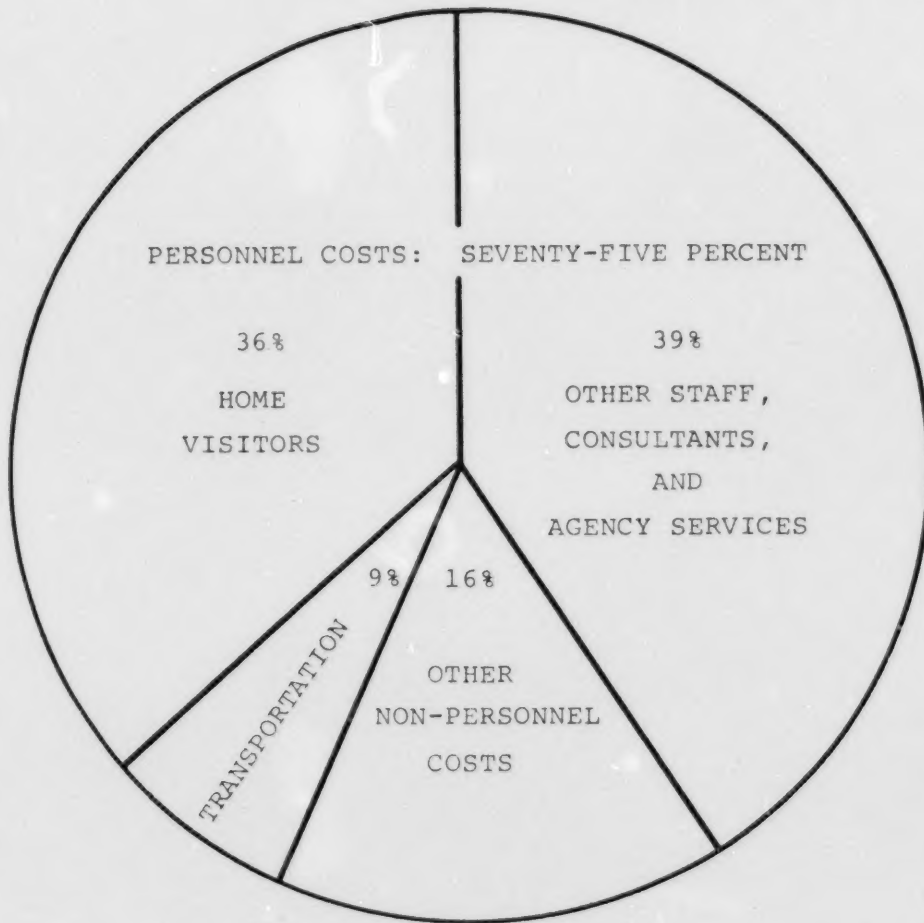
Typical Home Start project budget. The typical budget submitted with the first-year proposal totals \$100,000, which is intended to support project start-up and operation for 80 families for the first full year. Three-quarters of this sum was planned for personnel costs, including regular staff, outside consultants, and agency services. Only about half of the personnel budget goes to Home Visitors, the rest to supporting staff and contracted family services. Nonpersonnel costs absorbed the remaining one-quarter of the budget, with 9% allocated for transportation and 16% to other nonpersonnel costs. This distribution of planned resource allocation (three-quarter personnel, one-quarter nonpersonnel) appears to fit the general mode for labor-intensive human service programs found in preschool and day care settings.

●●● Areas of concern. Two major areas of concern emerge from a review of the first-year budgets. First, and most pronounced, the allocation of only 36% of available dollars to Home Visitor salaries and fringe benefits raises a question of whether sufficient resources are being used, considering the critical importance of this role in the delivery of Home Start services. While approximately one-half of the other salaries and consultant/agency fees fill in the area of comprehensive service delivery (health, nutrition, psychological and social services) these are basically oriented to secondary objectives. The second major concern relates to the range of proposed salaries. Home Visitors cover a spread of 250% while director salaries spread 214%. Regional cost variation covers a difference of only 30%. Clearly the Home Visitor/director salary differences have to be accounted for to fully understand the program functions.

Program Processes

Once the appropriate program inputs (in the form of families, staff, program, and funds) become available, attention can shift to program processes to see if the inputs are brought into a meaningful relationship with each other to achieve program objectives. Data on program processes are especially hard to obtain because of the diffuse nature of most processes, but site visits by evaluators have produced some useful information which is examined in this section for consistency to the Home Start model. Information about referrals obtained from the information system is also treated as process data and examined in this section.

MAJOR BUDGET ALLOCATIONS IN LOCAL
HOME START PROJECTS AS PROJECTED
IN FIRST YEAR PROPOSALS



As yet there are no data about the all-important interactions that take place between Home Visitors and parents, but evaluation plans for the Spring 1973 site visits provide for the collection of preliminary data of this kind. Therefore it is too soon to claim comprehensiveness for this discussion of program processes, or even to pretend that the processes included are the most important ones. One of the goals of the evaluation in the next two years will be to gather additional data about processes so project outcomes can be better understood and interpreted.

The processes that are examined in this section include parent involvement, staff training, educational services, and comprehensive services. Project implementation in each of these areas is compared to the national model to determine areas of inconsistency, and possible problems are noted.

Parent Involvement

Parent involvement is central to the effective implementation of all program components. Three program-wide types of parent involvement are examined here:

- Parent policy committees
- Group meetings
- Social activities

Parent policy committees. Using information drawn from case studies, the following parent committee activities can be described:

- Seven programs have joint parent councils with the local Head Start programs. Five of these councils are located in the programs which share staff with Head Start.
- Two programs, although maintaining separate Home Start councils, send two representatives to the Head Start council and the Head Start council has two representatives on the Home Start body.
- All of the six remaining programs have parent policy councils involved solely with the Home Start program. In three of the six, there is a parents' committee which is intermediary between parents and the council.

Information system data for Fall 1972 show seven programs had held parent policy meetings. The composition of such committees was 88% mothers and 9% fathers. According to site visit data the intended function of these bodies is generally to discuss the objectives of the program, make decisions concerning program policies, and supervise the hiring of new staff.

Group meetings. At the time of the fall site visits two-thirds of the programs had already started group meetings. These regularly scheduled meetings nearly always involve small groups, usually focal parents of one or two Home Visitors. The Home Visitors coordinate and supervise meetings for the families they visit. Usually the meetings occur once a month and occasionally, as reported by a couple of programs, more frequently. Meetings are generally considered by program staff to be educational as well as social; staff customarily arrange meetings around topics in which focal parents have expressed concern: using surplus food, information about child development, and community problems such as seasonal employment or road conditions. It was observed in one program 'at "as parents get together socially they discover that they have concerns about their children, about the schools and about their communities that are shared by other parents". Most program staff expressed the desire to have parents take as much responsibility as possible for the topics of such meetings.

Social activities. Social activities are different from group meetings in that they are usually recreational rather than educational and usually involve other family members in addition to focal mothers and children. Social activities include picnics, field trips and family parties; such activities offer opportunities for fathers and other male family members to become acquainted. Involving men in Home Start has been difficult; very few of the council members elected to date are men and only a small number of men attend group meetings since most focal parents are female.

●●● Areas of concern. Only one-half of the projects were holding parent policy meetings as required, and even in these projects the degree to which parents are actually involved in "shaping project direction" has yet to be documented.

While social activities may contribute to the meeting of psychological and social objectives, they have not yet become the vehicle for the involvement of project fathers. An exception to this is one project which shows 50% involvement of fathers in some project activities (Information System, Second Quarter 1972).

Training Component

A review of the Fall 1972 case studies for each of the projects permits the description of staff training under such variables as frequency of training, affiliation of training with Head Start, the format for in-service training, the use of consultants, and the use of academic courses. This descriptive information will then be compared to the requirements of the Home Start model.

The in-service training programs were well underway at all sites at the time of the fall visits. In-service training tended to be similar in most programs although two variations should be noted. First, frequency of training: all but five of the programs conduct in-service training every week for a morning or a complete day. The remaining sites have training sessions bi-weekly (except one which only has monthly meetings). Four out of five of these programs are in rural locations.

The other variation is affiliation of training with Head Start; at least two programs regularly conduct training sessions in conjunction with Head Start. While staff at one of the programs are satisfied with this arrangement, staff at the other program indicate that these sessions do not meet their training needs. Specifically, they believe training is too classroom-oriented and does not focus sufficiently on activities to be undertaken in the home.

Other than these two structural differences, the in-service training programs are quite similar. There are informal sessions where staff share successful ideas and materials, practice new lessons, and discuss specific family-related problems and plans. There are also more formally structured sessions where information on a specific topic is presented and discussed. Topics covered by several programs include: curriculum development, psychological and social delivery, nutrition, and early childhood education. Some of the more unusual topics were the orientation of crisis intervention, speech and language development, and using art and music in home visits. Future training needs articulated by the Home Visitors include an introduction to or further study of the following topics: first aid, recognizing health problems, how to develop home visits that foster speech and language development, how to discuss psychological services with families, use of social service agencies, information about childhood learning and development stages, and guides for developing and using curricula.

Almost all of the programs have used and are planning use of consultants for training. Consultants already employed have included representatives from the Regional OCD office, NEA, local university professors, a nutritionist, a speech therapist, and a coordinator of a day care project.

In addition to the training provided by the programs, six of the programs noted that several of their Home Visitors were continuing their education by taking courses such as early childhood education, child development, sociology and community relations at local colleges and universities. Some Home Visitors have also attended various conferences and workshops that were scheduled in their communities.

●●● Areas of concern. Available data about training give little cause for concern, but more data are needed to verify the preliminary findings given here. The training activities being conducted at all projects are within the framework of the model. Both staff and consultant resources have been used. Interaction between various staff levels is described. The content of the workshops is definitely in line with the implementation processes of the various components as outlined in the model.

The Home Visitors have articulated a need for continuing assistance in developing basic home visiting skills in both the educational and comprehensive services areas. Observations of a sample of Home Visitor interactions with families will be conducted at all projects during spring site visits. Information on in-service activities will also be gathered. At that time some tentative statements about the consistency of local in-service activities with Home Start needs can be made.

Education Component

Using information from the Fall 1972 case studies and from the Information System for the second quarter of 1972, the level of implementation of this component can be described in terms of:

- the statement of local objectives;
- component staffing patterns;
- present activities in the home;
- the role of educational referrals.

Statement of local objectives. In general, local objectives have moved toward specificity. The objectives in the original proposals were basically derived from the national guidelines and were in fact goal statements. Some improvement in objective writing occurred by the time of the spring case studies. Since last fall, projects have been required to state short-range objectives in a timeline framework. While these objectives do not necessarily describe actual project implementation, they do give an indication of how projects conceptualize themselves--for example, which component areas they intend to emphasize.

Most Spring 1972 educational objectives centered on inventorying the learning difficulties of children or obtaining resources to meet children's needs. About 55% of the local educational objectives focused directly on the child, 14% focused on parent/child interactions, and 21% focused on meeting parental needs. It appears that many of the child objectives are intended to be met directly by the Home Visitor or other staff member, rather than through the mother as an intermediary; to the extent this is true, one of the main intents of the national program is being bypassed--teaching the mother to effectively support her children's development on her own. The low emphasis on joint parent/child objectives further supports the "direct child service" appearance of the program.

By Fall 1972 eight projects had objectives in measurable form. While home activities and referrals were evenly split between parents and children, group experience objectives were almost always centered on parents.

Component staffing patterns. Of 15 programs, six have a special staff person who is responsible for planning and development in education, and seven programs have no such person, indicating either that the Home Visitors have specific responsibility for this area or that the director assumes such responsibility. Two programs are based on the development of curricula around television programs. These two programs have a similar set of materials and both have a curriculum developer. It is unclear whether the curriculum developer is also responsible for other education services provided by the program.

Present activities in the home. The Home Visitor is the primary deliverer of educational services. In most programs Home Visitors spend from 1-2 hours weekly visiting each family. Staff at one program make home visits every other week alternating with bi-monthly parent group meetings.

In two programs, families are visited twice each week by Home Start staff. As for the content of the home visiting, no direct observation has yet been completed. We do know that:

- The aggregation of local objectives ranges across all the educational elements listed in the Guidelines (see model).
- All programs have been provided with regular information packets from the National Home Start Office. The packets list and describe literature and education resources especially tailored for home-based programs. Programs serving distinct ethnic groups have access to or are developing education materials that emphasize the cultural heritage of their families. Curricula for the two TV-centered education components come from educational laboratories as does some material used with Spanish-speaking children. Home Visitors in all programs report that they modify materials for use by specific children in the families they visit.
- In completing Staff Time Records, Home Visitors estimate that between 25% to 70% of their time in the home is spent on education; they often consider their talks with focal parents about specific needs for health, social or psychological services as education time. Home Visitors are primarily responsible for identifying the educational needs of focal children. Some are assisted on occasion by supervisors or special education staff who accompany them on Home Visits.

The role of educational referrals. Educational referrals fall into two categories: (1) referrals made for children who need evaluations or who were found to have physically-related learning difficulties, speech and hearing being the most common; (2) referrals made for parents who are seeking either additional education or job training. Almost 90% of referrals made through Fall 1972 were for children. Referrals most frequently occur in projects with an educational coordinator on staff.

••• Areas of concern. Two problem areas are to be noted. First, the Home Visitors are expected to be "community generalists". It is questionable whether they can both develop parents as prime educators and promote (by referral and follow through) the delivery of comprehensive services. If projects had a full-time professional responsible for the

delivery of community services, the Home Visitors' roles could better follow the processes outlined in the Guidelines and model (basically an educational role).

An analysis of program objectives indicated that projects may be unclear as to whether parents or children are to receive the primary attention of Home Visitors. Also, an analysis of initial referrals shows most referral attention being given to the children. If mothers are drawn into the activities Home Visitors undertake with children, and are encouraged and helped to initiate child activities or referrals on their own, then the basic intent of the Guidelines is being followed. There is little evidence yet, however, to suggest that parents are being systematically involved as active participants in the services provided to their children. The Guidelines (p. 8) clearly state that Home Visitors are to work primarily with the parents and child or with parents only to meet children's needs. Thus the implementation data which show that 55% of local educational objectives are stated exclusively in terms of the child is contrary to the intention of the Guidelines. Thus, these data do not indicate that parents are getting the attention they need to become the prime educators of their children.

Support Services Component

The Home Start model which was constructed at the beginning of this report displays two service components--education and support services. The construction of a single services component is consistent with the Home Start Guidelines, which states as point four of "Home Start Components and Requirements" that:

"The program must identify, coordinate, integrate, and utilize existing community resources and services (public, reduced-fee, or no-fee) on an as-needed basis to provide nutritional, health, social, and psychological services for its children and their families. Home Start proposals should include written statements from existing agencies that their services will be provided to Home Start families."

Only after this requirement for coordination of support services do we see the Guidelines explicate the particular dimensions of nutrition, health, psychological and social services as basic types of community resources. While the nutritional section stresses the staff's educational function

of helping parents make the best use of existing food resources, both the health and psychological sections emphasize that project staff should make every effort to secure these services through existing community resources or within the sponsoring Head Start program.

Thus, the Guidelines clearly emphasize use of existing community resources. Use of project funds to pay for direct services is limited to the following:

- Nutrition--"However, when food is actually not available to a family, Home Start staff will make every effort to provide it, and to put the family in touch with whatever community organization can help on a regular basis."
- Health--"When no other resources are available, Home Start will provide children with paid services, but Home Start cannot provide payment of services to the entire family." (page 3)
- After the discussion of support services in point 4, the Guidelines state (point 5):

"The program must provide the services listed in 4, above, when there are no existing resources for them in the community."

Unless it is documented that the majority of local projects do not have such resources in their communities, the Home Start model will project the present emphasis of the Guidelines on coordination of existing resources.

Using information from the Fall 1972 case studies and from the Information System for the second quarter of 1972, the level of implementation of this component can be described in terms of:

- the statement of local objectives;
- component staffing patterns;
- present activities in homes and groups;
- the role of referrals.

Statement of local objectives. In general, objectives written by the local projects have become more specific. Following Fall 1972 case study visits, projects used their

Needs Assessment sheets, their fall case studies, and their own planning techniques to write their revised program objectives. An analysis of the revised objectives received from eight of the projects before this report was proposed, shows most projects writing objectives for specific services to particular families. Nearly all objectives have anticipated completion dates.

The objectives written by these eight projects can be summarized in the following manner:

- Nutrition. Almost all objectives (12 of 14) relate to parents. Major emphasis is on nutritional education followed by referral for surplus food and special nutritional services.
- Health. Examination, immunization, and dental service objectives are for children only. Medical care objectives are "split" between parents and children. "Health education" objectives are written for parents.
- Psychological and Social. 75% of objectives are parent-oriented regarding problem identification, referral for special services, and group meetings.

With the exception of direct health services to children, these objectives show that component objectives are parent-oriented.

Component staffing patterns. A study of job descriptions in the first-year proposals showed that the responsibility for the coordination of support services is frequently divided or placed upon the Home Visitors. A study of present staff charts shows that this situation still exists.

Present responsibility for support services within each of the three service areas can be summarized as follows:

- Nutrition. In all but three programs, Home Visitors are expected to be responsible for both referrals and services. The use of experts for training and group meetings is being planned and implemented.
- Health. Eleven of the 15 programs have a specific staff person, paid or donated, responsible for health services. (Five of these share Head Start staff.) In the four remaining programs Home Visitors coordinate services.

- Psychological and Social. Only three programs have specific individuals identified to coordinate these services.

Current staffing patterns indicate that lack of responsibility for coordination is a problem not only at the Support Services Component level, but also in two of the three areas within the component (Nutrition, Psychological and Social Services). Although Home Visitors may be making referrals in these areas, a referral mechanism is not seen as being consistent with the national objectives which call for not only referral but also actual delivery of these services.

Present activities in homes and in groups. Programs offer a wide range of direct services to parents in their own homes and in groups which meet either in homes or at a nearby center. Such services can be summarized as follows:

- Nutrition. Information on best use of present budget is supplied through Home Visitors and through some local experts (in group meetings). Specific teaching tools such as nutrition modules and "surplus food cookbooks" are also being developed. No programs provide food services to families. Referrals are made to agencies (see below).
- Health. Major emphasis is on actual health services (dental and medical) through project funds or referral. Most programs began with physical exams and inoculations for focal children. Home Visitors estimate spending 10-20% of home visit time on health (identifying needs, keeping records, making referrals, and providing transportation).
- Psychological and Social. Most programs depend primarily on referrals. The Home Visitors provide limited services regarding personal counseling, social contact, and interaction between family members.

Current information indicates that a comprehensive description of services in the home is still being developed. Nutrition seems to be mostly home-centered. Health is largely a referral activity. The role of the Home Visitor in psychological and social services needs clarification.

Referrals for service and actual service received. Second quarter data (through September 30, 1972) provide a broad picture of needs identified (i.e., referrals initiated) and actual services received (percent of referrals which resulted in service). The data are grouped in terms of "focal

children" and "parents". Minimal data on "others" is excluded for clarity of presentation.

A total number of 3,972 referrals had been made. The number ranged considerably from project to project (0-890). The typical number of referrals varied from 265 (using the mean) to 122 (using the median). Seventy-three percent of referrals resulted in service. Of the referrals resulting in service, 71% were for focal children while 16% were for parents.

Seventy-five percent of all referrals were for health. Twelve percent were for psychological and social services, 8% for nutrition, 5% for education.

	<u>Nutrition</u>	<u>Health</u>	<u>Psychological and Social</u>
<u>Percent of Referrals Resulting in Service</u>	Focal Children: 28% Parents: 68%	Focal Children: 81% Parents: 5%	Focal Children: 33% Parents: 56%
<u>Range of percent of referrals resulting in service" across the 15 projects</u>	Focal Children: 0- 50% Parents: 0- 100%	Focal Children: 0- 100% Parents: 0- 33%	Focal Children: 0- 56% Parents: 0- 100%

These data indicate that to date, the referral system is predominantly a means of delivering health services to focal children. These services have been basically of a preliminary nature (i.e., medical and dental exams, immunizations).

●●● Areas of concern. Objectives being developed are generally in line with the Guidelines and the Home Start model. Program processes are also moving in line with the component elements outlined in the Guidelines. Home Visitors are beginning to provide basic information and to make referrals for services. Health services are primarily provided to focal children. Local programs did budget an average of \$5,400 for health services (mostly to focal children).

However, when the above implementation data are compared to the model, three areas of concern are identified. First, an earlier section showed that many programs do not have a professional staff member who is responsible for day-to-day coordination of comprehensive support services. This section shows a similar lack of clear responsibility within the various areas of the support component. (This assumes that Home Visitors making referrals are not a sufficient mechanism for utilizing community resources.)

Second, services are being delivered in the areas where local program budgets support such services (e.g., preliminary health services for children). However, referral data indicated limited success in generating services from community agencies. This finding is in line with the frequent lack of staff clearly designated to "capture" such contributed services.

Third, although the Guidelines (p. 4) state that the project itself must provide comprehensive services when they are not available in the community, the very limited funding of local programs (\$100,000/year for 80 families) raises questions regarding the feasibility of directly supporting these services in any extensive manner.

Program Outcomes

The two major sections above examine implementation data from the first nine months of field operation to see how closely program inputs and program processes matched the Home Start Guidelines. Although logically this section should use the same approach to determine whether program outcomes are being achieved, it is simply too soon in the life of the three-year national program to attempt such an analysis directly. Appropriate impact data for determining if objectives are being met will not become available until mid-1974. Instead an indirect approach is followed in this section, by looking at the needs of entering children and parents to determine the appropriateness of stated program objectives.

An assumption underlying Home Start is that low income families will have a greater need than higher income families for the services provided by the program, justifying the selective enrollment of low income families. When families are divided into groups on the basis of a broad index like income, however, differences among groups will not be very clearly defined and considerable overlap will exist. Thus it seems useful to examine the needs of families selected for enrollment in the program to see if initial assumptions

about their needs were correct. For example, the range of need among low income families may not be very different from the range of need among middle class families, except possibly for the presence of a small "hard core" group among low income families that has no counterpart among the better off families. If this were found to be true, most low income families enrolled in the program would require only incidental services that were not substantially different in either kind or quantity from services that would be useful to typical middle income families.

This section will begin the process of identifying the "level of need" among entering Home Start families by looking at two kinds of preliminary data. The two kinds of data provide information about entering family needs as seen by parents, and as reflected in performance on the child measures:

- A sample of entering parents from ten projects were asked what they wanted to get out of Home Start, and what they wanted their children to get out of it.
- Child performance tests provide data for assessing entering child needs in relation to non-Home Start groups.

Keep in mind that both kinds of data were primarily collected for other reasons, so the results presented here must be interpreted carefully until additional data from Spring and Fall 1973 become available.

Parent Assessment of Needs

Using a formal interview questionnaire, Home Visitors asked newly-enrolled parents what they would like to get out of the Home Start program for themselves and their children. To some extent their responses can be interpreted as an indication of the needs they felt were most pressing to them. However, it must be kept in mind that any of the advantages explained to the parent during the Home Visitor's "sales pitch", which probably occurred less than a month before the parent interview took place, would probably tend to shape the parent's responses considerably. The extent to which this bias occurred cannot be adequately assessed using available data, so for the purpose of this discussion parent responses will be taken as straightforward expressions of need.

Figure 6 summarizes the responses to the questionnaire. The greatest expectation was for increased educational benefits to the child, corresponding quite closely to the general thrust of the program. It is not clear, however, whether the parents see the benefits for their children originating out of their own activities with the child or coming directly from the Home Visitor. "Parent becoming better educator" was the third most frequent expectation, indicating it was a high expectation for many parents, but in absolute terms only about a third of all parents mentioned it.

The moderately low level of expectation regarding delivery of medical services and the even lower level of expectation regarding other services shows that parental expectation corresponds more closely with first-year proposal budgets (minimal expenditures for direct services) than with the model's comprehensive plan (see processes and impact) for effective delivery of comprehensive services.

Parent expectation data for individual projects were examined in each of the nine sites having adequate data. Six of these nine programs were consistent with the summary in Figure 6. Two others deviated on only one of the top three descriptions. The remaining program moved strongly toward the social interaction descriptions. Thus, the conclusion regarding low expectation of the delivery of comprehensive services is applicable not only to the national level but also within the individual local programs.

●●● Areas of concern. Home Start parents generally express needs which are consistent with the educational focus outlined in the Home Start Guidelines and displayed in the Home Start model. However, contrary to the Guidelines, parents have very low expectations regarding the actual delivery of "hard" comprehensive services (medical treatment; food, clothing, housing; or job training). Although not consistent with the Guidelines, these low expectations are consistent with the budgets of first-year programs (with the possible exception of limited medical and dental treatment). Without highly effective referral-follow through systems, greater needs could not be met.

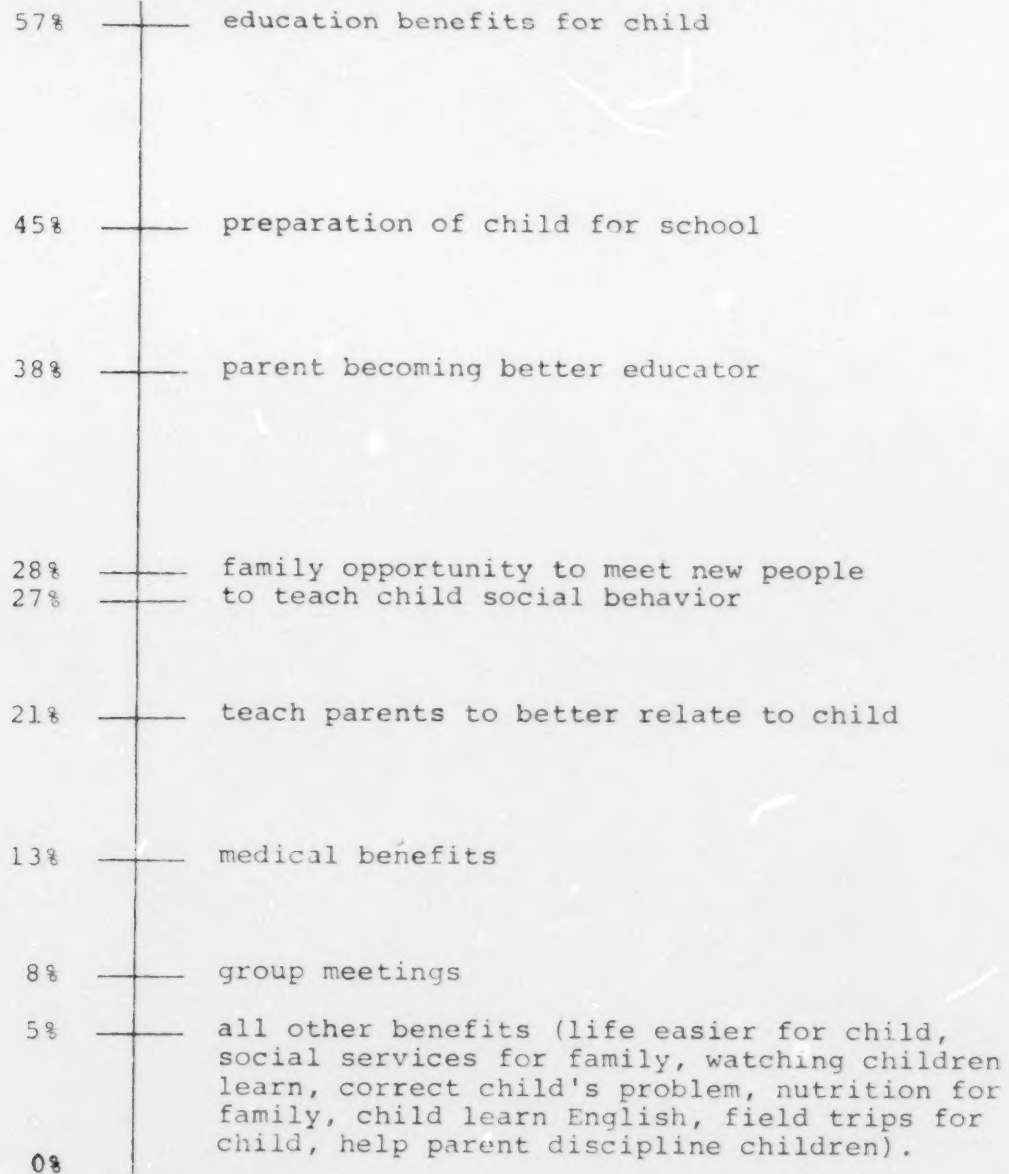
Entering Child Performance

Home Start objectives for children presented in the Guidelines stress development in the cognitive, language, social-emotional, and physical areas of child functioning.

FIGURE 6

Ranking of Parent Expectations from Summer
1972 Interview of Parents by Home Visitors¹

Greatest Expectation



Least Expectation

¹Percent of parents reporting each type of expectation. Sum is greater than 100% since parents reported more than one expectation.

Since early OCD planning papers indicate that Home Start is not based on a deficit model, they seem to imply that entering children are expected to perform as well as most children in each of the four development areas. On the other hand, it might be difficult to justify the cost of Home Start unless the program could demonstrate success of some kind in overcoming either child deficits, parent deficits, or other major problems affecting low income families.

One way of probing for answers to this dilemma is by examining entering children to see if there is any de facto evidence of deficit in their performance on standardized measures. This section examines some of the preliminary data collected on a small random sample of Home Start children from nine of the 16 projects. These data were collected for another purpose, to assess the adequacy of the measurement battery, but they can also be used to give some indication of entering child abilities. Conclusions must be considered tentative until a larger sample of entering children are measured in Fall 1973 using the revised battery. Figure 7 summarizes the data for discussion in the following sections on cognitive development, language development, social-emotional development, and physical development.

Cognitive development. The Preschool Inventory assesses general cognitive development using items representative of those skills considered necessary for success in school. Because of its past use with other groups it is possible to compare entering performance of Home Start children with other children. The percent of children passing each item is compared with percent passing in other studies. When compared with the norm group used to develop the test it appears that the younger Home Start children perform at a higher level, whereas the performance of older children is generally below that of the norms. While this may seem to imply a "cumulative deficit" phenomenon, the finding is probably biased by the fact that older Home Start children are systematically found in states where there is no public kindergarten so that regional differences are inseparably confounded with age differences.

The four-year-old group is generally above the Head Start figures, but below the figures for a middle-class control group. Data for five-year-old entering Home Start children were compared with children of the same age leaving a pre-kindergarten program in the Columbus Public Schools. The percent of Home Start children passing items was below that of the public school children on 31 of the 32 items. Total test scores for Home Start children were compared with

FIGURE 7

Performance of entering Home Start children
on measures indicative of program objectives

Area	Measure	Comparison	Findings for Entering Home Start Children
Cognitive Development	Preschool Inventory	Norms	In terms of percent passing individual items younger Home Start children generally perform above the norm level; older children perform below the norms. Caution in interpretation is advised since age differences are confounded with site differences.
		Miller & Dyer	Individual items: 4 year-olds only. Children show generally higher percent passing than Head Start groups, but somewhat lower than middle class control group.
		Columbus Public Schools	Individual items: 5 year-olds only. Home Start children show generally lower percent passing.
		Head Start Planned Variation	Total test scores. For younger children (3-4½) Home Start means are above Head Start. For older children (5-6) Home Start means tend to be below those for children who were in Head Start for a year or more and approximately equal to those entering Head Start at age 5.
Language Development	Denver Development Screening Test -- Language Scale	Norms	Children lag about one year in terms of age at which a given percent pass an item.
Enhancing social-emotional development	Schaefer Behavior Inventory	None	About half of the ratings occur in the two categories at the positive extreme.
	Pupil Observation Checklist	None	About two-fifths of the ratings occur in the two categories at the positive extreme.
	DDST -- Personal-social scale	Norms	Children lag about one-half year behind norms.

Physical Development	Height	Boston Norms	generally below
	Weight	Boston Norms	Boys normal, girls slightly below
	DDST--Gross motor scale	Norms	Entering children lag about 10 months
	DDST--Fine motor scale	Norms	Entering children lag about 11 months

data from the Planned Variation Head Start analysis. The age pattern similar to that seen in the item analyses also appeared in these comparisons. For children between three- and four-and-one-half years the mean score for the Home Start sample is above that of the Head Start sample; above that age, the Home Start means tend to fall below the Head Start children who have had previous preschool experience, but are equal to or only slightly below the means for Head Start children who did not have previous preschool experience.

Language development. Entering children's performance in the area of language development was assessed using the language sub-score of the Denver Developmental Screening Test. The normative data used in constructing the test serves as a base of comparison, and was collected from a small group of children in Denver. In general, preliminary findings suggest that entering Home Start children lag about one year behind the norm group in terms of the age at which a given percent of the children pass an item.

Social-emotional development. Two rating scales and a child performance measure relate to this general objective. Each mother in the fall assessment rated her child on three characteristics using the Schaefer Behavior Inventory--extraversion-introversion, task orientation, and hostility-tolerance. Specially trained community interviewers rated each child on two characteristics using the Pupil Observation Checklist--sociability and task orientation. In terms of these rating scales, the Home Start sample is rated high; 46% of ratings on the SBI and 43% on the POCL fall in the two extreme positive categories of the seven-category dimensions. A comparison with the Spring 1973 data is necessary in order to determine whether changes in the positive direction are possible given the high entering ratings.

The third measure relating to social-emotional development is the personal-social section of the Denver Developmental Screening Test. This scale includes items on playing interactive games, on the child's reactions to being left by the parent, and on the child's ability to dress himself. A comparison with the test norms indicates that Home Start children lag about one-half year behind the standardization children in the personal-social area.

Physical development. Physical development was assessed by measuring the children's height and weight. In addition, measures of gross motor and fine motor development were

assessed by the fine and gross motor scales on the Denver Developmental Screening Test. The height and weight of Home Start children were compared with norms from a small group of children identified through the Children's Medical Center in Boston. The entering Home Start children were considerably below normal in height, usually under the tenth percentile, but they were almost normal in weight. Height is a better indication of physical development than weight, but the Home Start children's low average might be attributable to a measurement artifact--norm children were measured laying down, and Home Start children standing up. Motor development was compared with the Denver Developmental Screening Test norms. In gross motor development, the Home Start sample lag about 10 months behind the normative sample; in fine motor development the lag is about 11 months.

●●● Areas of concern. Two kinds of comparison groups are represented in the data discussed above: children from norm groups to construct the tests, who tend to be from typical middle income families; and Head Start children, who tend to be from low income families. The Head Start children perform lower than the norm groups in virtually all cases, and the entering Home Start children tend to perform at levels in between the two comparison groups, except for showing a slight disadvantage when compared to Head Start children who have been in the program for more than a year. Thus, if one accepts standardized tests as an adequate measure of program objectives for Home Start children, their low-normal performance would place them at a slight disadvantage compared to children from middle income families. This could be interpreted as a deficit to be corrected by the program, if one so wished, but the current controversy surrounding deficit models for educational intervention urges a search for another explanation. It might be appropriate to explore this problem of interpretation once again now that preliminary data are available.

IV

PROBLEMS ENCOUNTERED BY LOCAL PROJECT STAFF IN THE FIRST NINE MONTHS

The previous chapter focuses on the Home Start Program at the end of the first nine months, but it devotes little attention to the problems project staff encountered as the nine months unfolded. This section briefly describes some of the problems that were either voiced by local project staff or were apparent in data collected from the sites. Originally this section was to be limited to start-up problems, but it quickly became obvious that it was not easy to tell which problems were peculiar to start-up and which were likely to continue, so no attempt was made to distinguish between the two.

The start-up problems have been separated into three groups for convenience in presentation:

- stability of staff, families, and program activities;
- support of Home Visitors in their tasks;
- demands by outsiders for information.

Each group of problems is discussed in the sections below. A final section discusses some of the implications of these problems.

Stability of Staff, Families, and Program Activities

A program such as Home Start cannot be effective if families and staff are only briefly involved, since the national goals were selected to alter deep-rooted characteristics of children's environments. To the extent that staff and family turnover occur, individual programs can be expected to be less effective, and available data suggest that significant turnover has occurred:

- Five of the 15 original directors left the program during the first nine months.
- Overall staff turnover was about 10% every three months.
- Family turnover was about 12% every three months.

The five directors who terminated were with the programs at the time of funding in Spring 1972. Two left for personal reasons (illness in the family and continuing education in another state); two resigned because of difficulties with community groups coupled with lack of support by the sponsoring agency; and the fifth was reassigned at the request of the national office. Subsequent reports about two of the directors indicated that both were enthusiastic about Home Start, yet inadequate supervision of Home Visitors and general project disorganization suggested that their experiences as a successful Head Start teacher or program director did not necessarily make them suitable for Home Start Program leadership.

Information from the Fall 1972 quarter indicates that of the 17 staff who terminated, one moved, two were dismissed, two left because of illness, and twelve left for other reasons. Some of the twelve were part of a major staff reshuffling in one project following the appointment of a new director.

The three most common reasons why families left the program included moving from the service area (36%), lack of interest (15%), and child entering public school (10%). Other reasons which occurred about 5% or less included: parent employment, dissatisfaction with the program, illness, and income above poverty level. Two other common problems related to families were encountered by projects:

- It proved difficult to deliver normal services to families over the summer months because of staff vacations, family vacations, and the interference of older children who were normally in public school during the rest of the year.
- Some sites deliberately selected families from more than one geographic area in their locality to achieve an ethnic balance, or to reach the poorest families, but it often proved difficult to recruit families from these areas. This forced some programs either to postpone their anticipated date of full enrollment, or to alter their original eligibility requirements.

Not only did families and staff change over time, but some programs actually changed the content emphasis of their services:

- At least three programs noted that they were trying to shift from education for children toward social and health services for entire families.

Presumably this change in focus represented a reassessment of the needs of families as staff gained experience during the first few months, and as such the "problems" of changing services may be very healthy. A major shift away from the educational component may conflict with the program Guidelines, however, since the Guidelines specify balance between education and other services.

Occasionally projects encountered difficulties in obtaining appropriate facilities to house staff and to conduct program activities:

- Half of the projects found it necessary to locate their staff in different places. One project has staff in eleven different offices spread out over ten counties, and other geographically large projects face similar problems.
- One project had to change offices five times over a two-month period, and is preparing to move again.

Support of Home Visitors in Their Tasks

Home Visitors are the most important link in the delivery of services to families, and need many kinds of support from their projects in order to carry out their responsibilities. The support they need includes general supervision, training, technical assistance on particular problems, emotional support and encouragement, discretionary funds for activities and family emergencies, administrative and office services, and transportation. It is conceivable that most Home Visitors will experience a considerable sense of helplessness after a short period of working with Home Start families, due primarily to the immense range of serious family needs they encounter in relation to the minimal project resources available to cope with these needs. Most directors have had the experience of encouraging and counseling Home Visitors who became so discouraged by their perceived "ineffectiveness" that they wished to leave the project. Although such problems are largely intangible and difficult to objectify in an evaluation, bits and pieces of information appear that show the limitations of project support which Home Visitors face daily:

- Many Home Visitors see other project staff only once a week or less.
- Often several weeks or more elapse before anyone accompanies a Home Visitor on a family visit to provide in-service training, to assist with specific problems, or to supervise and monitor.

- Lack of discretionary project funds often prompts Home Visitors to use their own money to purchase goods or services for especially needy families. This becomes particularly significant when one realizes that salaries of many of the Home Visitors border on poverty levels, and that Home Visitors are often the principal breadwinners for their families.

In almost all sites, transportation to and from homes, both for staff and families, has proved an especially thorny problem:

- The normal mileage allowance only partially covers Home Visitor expenses in maintaining automobiles, paying for gasoline, and absorbing additional insurance costs, all necessary for daily transportation.
- Because of the Home Visitors' low salaries, their automobiles are typically older models in need of frequent repair. For this reason Home Visitors are often forced to miss appointments with families due to mechanical breakdowns. Severe road conditions in some sites further exaggerate this problem.
- Families often have no transportation of their own and quickly come to depend on Home Visitors for transportation to doctors, grocery stores, laundromats, and other places.
- Even a seemingly simple activity, such as a picnic for the families of one Home Visitor, can turn into a logistical nightmare. For example, it is not unusual for the adults and children in six families (a low Home Visitor load) to exceed 50 persons, all of whom must be transported using one Home Visitor's older model car, and over great distances in some sites.

Project resources are limited to begin with, but hindsight has shown that available resources were not always used as effectively as desired:

- Staff in some projects report that preservice training sessions often proved to be misdirected when home visits got underway and a better understanding of family needs and delivery problems was achieved.

Demands by Outsiders for Information

One of the aspects of the current Home Start Program that has been completely overlooked in the planning documents is the intensive demands placed on local project staffs for information--from Washington OCD staff, from the national evaluators, and from interested outsiders who are not formally connected with the Home Start Program:

- Some directors report spending up to half their time escorting visitors through their projects, answering letters requesting information, responding to the demands of the national evaluation, and making presentations at professional conferences and other assemblies.
- Much of the regular weekly time set aside for inservice staff training has to be used to present instructions related to the national evaluation and to record-keeping for the Home Start information system.
- Home visits in many projects were disrupted for an entire month at a time while community interviewers collected data for the national evaluation in Fall 1972 and Spring 1973.
- Many families expressed irritation at the number of strangers entering their homes, including other local project staff, national evaluation staff, Washington OCD staff, regional OCD staff, and visitors from Head Start and other intervention projects.

Although many of the demands for information were clearly predictable due to, first, the demonstration nature of the program, second, the national evaluation, and third, the novelty of a large-scale home-based program, financial resources were not specifically provided to cover information dissemination needs. The directors, in their role as the primary liaison between their respective projects and outsiders, shoulder the main burden of information dissemination; the price paid for this is that every hour spent accommodating information demands reduces by a like amount the time directors can spend planning future directions for the program, conducting staff training sessions, or supervising and monitoring project activities.

What Can Be Done about These Problems?

Since it is possible for these problems to seriously threaten the level of services provided to families, and to lower the quality of research data obtained through the national evaluation, steps should be taken to explore some

alternative solutions. It must be remembered, however, that certain aspects of the current program restrict the changes that are possible in response to the problems:

- The program is in full operation, and major rearrangements of staff or program components are no longer feasible.
- The overall level of funding is essentially fixed, as is the distribution of funds among projects, so large increases in funds are not realistically possible.
- The program is heavily research-oriented, with a detailed experimental design, and care must be taken that solutions do not threaten the range or quality of information gathered.

The problems should be considered separately as they relate to the current program and to any full-scale programs that may succeed this one. None of the three restrictions affect the range of solutions possible in future programs, and some implications for future home-based programs are briefly mentioned at the end of this section. The next three subsections present some comments and recommendations about the three problem areas previously discussed.

Program stability. Here are a few of the many possible strategies for reducing staff turnover to serve as a starting point for further discussion:

- Many Home Visitors have mentioned that they found their jobs much more demanding than they initially realized. Directors may find they can reduce staff turnover somewhat by stressing the hardships of the job at the time applicants are interviewed.
- A contributing reason to director turnover may be lack of regular local support and assistance when problems arise. Home Visitors can take their problems to the director, but who can the director see about problems? It may be possible to provide more assistance to directors through delegate agency staff if further information verifies this as a problem.
- Although not mentioned as such, salaries of Home Start staff are quite low and may play an indirect role in many terminations. It is not possible to appreciably raise salaries in the current program, but any future large-scale programs will have to address this issue. Since most salary levels were decided locally, it would be illuminating to find out what justification was given

for the levels picked. Possibly project planning staff could have used more technical assistance from regional or national OCD staff at the proposal writing stage.

- Home Visitor turnover may be reduced by providing additional support to enable them to do their jobs better. This would help to reduce the level of discouragement they face in trying to overcome seemingly impossible family problems with limited resources. Some specific ways are explored in the next subsection.

Family turnover is not often within the control of the projects, especially in cases where families move from the service area or children enter public school. However, the fact that "lack of interest" is one of the three common reasons given for family terminations suggests that family needs, as seen by the families themselves, are often not being met. One possible reason may be that Home Visitors are attempting to impose their own notions of need on families, without carefully assessing needs from the families' point of view. When families terminate without clear reasons it may be useful for the directors to interview them to determine if corrective action needs to be initiated with the Home Visitor of that family to prevent future terminations with other families.

Home Visitor support. Improvement in supervisory support for Home Visitors depends upon finding solutions to the information dissemination problems to some extent, in order to free directors to carry out the additional supervisory functions. Until those solutions can be found, however, the following alternative might be useful:

- If two Home Visitors could visit one or two families together once a week they could discuss problems with each other to arrive at suggestions for future activities with the families.

Other kinds of support for Home Visitors rest more directly on the availability of project funds:

- It would seem useful for each Home Visitor to have at her disposal a small monthly sum for family emergencies, or for special purchases she judges useful for families. This would spare Home Visitors the inconvenience of dipping into their own salaries for such purchases.
- In the absence of project vehicles for use by Home Visitors, the reimbursement rate per mile should be increased to better reflect actual costs. Federal regulations would have to be reviewed to see what arrangements would be permissible.

- In geographically large sites, a formula could easily be worked out for a special project contract increment specifically to cover transportation costs over and above the level considered normal. If OCD were to provide this additional money it would help to equalize the effective resources in each site.
- Arrangements might be made in projects for Home Visitors to have access to rented minibuses for special group functions. If events were sequenced carefully, the cost per event might prove quite reasonable.

Outside information demands. Problems in this group stem from the fact that the current program was initiated to gather better data about home-based programs and to inform other interested groups about effective methods used in the program. Future home-based service programs will probably not have to contend with this problem to the same extent as the current program.

- Since the information dissemination tasks are separate from the service functions of projects, it makes sense to isolate the associated costs from the budgets so they are not included in computing per-family service delivery costs. Better yet would be the addition of funds to the current contracts to support these expenses--perhaps a full-time data coordinator/public relations person in each site, for example, such as funded in the Parent-Child Center Program.
- In addition it may be possible to better coordinate information demands for greater efficiency. For example, it may be possible to schedule outside visitors only one or two days a month so information could be presented to groups instead of to single individuals.
- Many written requests can be referred to Washington and accommodated by sending the new booklet describing the program.
- Each project should have commonly needed form letters prepared and some mimeographed pamphlets describing the program, so that minimal time is spent preparing personal letters.
- It might be possible for national and regional OCD staff, and evaluation staff, to coordinate their visits so as to cause less interference. Ample advance notice should be a courtesy extended to project staff by all visitors.

Implications for future home-based programs. One clear fact emerging is that the cost per family in different sites is likely to be highly variable, and a more precise method for allocating funds to future projects is absolutely necessary. The current method of providing \$100,000 per site leads to very different effective resources available for delivering services to 80 families.

- A formula should be established for computing project funding levels, which might include such factors as regional cost index, geographic size of site, poverty level or level of needs of families, available project support services from the local CAA, and availability of services from other agencies for families.
- Salary ranges should be established by the national office for each category of staff, from director to secretary, to minimize the large discrepancies that currently exist among sites.
- Recommended staffing patterns should be provided to sites when they are planning their proposals so that resources can be appropriately allocated among supervisory tasks, technical assistance and training tasks, and service delivery tasks. This should eliminate situations where either too much or too little money is devoted to staff specialists, for example.

SUMMARY OF FINDINGS

In preceding chapters, a model of the Home Start Program was constructed from statements made in initial planning documents, and many kinds of information about the first nine months of field implementation were compared to the model. What can be said on the basis of this comparison?

The most striking overall impression is that Home Start has been characterized by an impressively high level of quality, from the earliest planning right through to the ninth month of field implementation. In spite of a very short time schedule, planners clearly stated what was to be done, and the national and local program staff effectively achieved the start-up goals. Home Start was fully operational on schedule, in the planned locations, with the right number (and kind) of staff and families, providing the intended range of services, and having an integrally planned and executed evaluation. The simple verification of the achievement of major national start-up objectives is an important outcome of this report. The program and research staff at the Office of Child Development, together with the many local program staffs, deserve congratulations for getting a major national program up and running in such a short time; informed observers, aware of the formidable problems faced by the OCD staff, might be inclined to view the success with a certain sense of amazement.

The initial operational success must not be mistakenly interpreted as total program success, however. The overall purpose of the three-year demonstration program is to test the validity of a particular home-based service strategy. The success so far provides assurance that on the whole such a test is being carried out effectively, but as yet provides no clue about the ultimate outcome of the test. Moreover, at a finer level of operational detail this report identifies certain problems that may weaken the validity of the three-year test if they are not clarified. Also, it is apparent that much more information is needed from the evaluation, even though it is already pressing beyond most past evaluations in its comprehensiveness. Three issues that may need future attention by program staff and evaluators are briefly mentioned in the next few paragraphs.

Perhaps the most important issue confronting program staff concerns the nature of the parent's role. According to planning documents, Home Start is clearly intended to support parents as the primary teachers of their children. This is the central purpose of Home Start, and a fundamental point of difference from Head Start and other preschool programs. Both kinds of programs have as their ultimate goal the improved welfare of children, but the two approaches lead to very different operational strategies, with Head Start having an emphasis on the direct provision of child services by staff.

Current Home Start information suggests (in a somewhat inconclusive manner at this time, however) that home visitors may be providing most services directly to children, instead of acting as helpers who support and motivate parents in their role of primary caretaker. Thus a discrepancy apparently exists between plans and program operations at present. Getting parents to change their behavior with children is a delicate task, since it forces parents to implicitly admit to certain inadequacies. Sensitive ways for working with parents have to be learned through experience, and involve a great deal of judgment, restraint, and effort on the part of the home visitor. Direct services to children, on the other hand, tend to be more readily accepted by parents because of the ease in equating this home visitor role with traditional teaching roles found in public schools. Moreover, the children normally express a gratifying delight to the attention and materials provided by the home visitor. If further evaluation information supports current indications about the role of parents, some form of technical assistance might be considered for the 16 projects to help them evolve to the more subtle parent involvement model.

A second issue confronting program staff about parent involvement concerns the creation of effective policy advisory committees, as required by the Guidelines. As of November, 1972, many projects did not have PAC's that met regularly, and few of the remaining projects had committees that effectively dealt with major operational policies. This problem is easier to identify than that above, and may also prove easier to solve, but it still demands a great deal of effort and creativity to bring about the necessary progress.

A third and final issue that will be raised here is a question flowing from many relatively minor issues taken together: can local Home Start staffs really do everything expected of them? They are supposed to:

- reach new families who are outside the current Head Start net;
- train parents to be competent child teachers;
- organize comprehensive service delivery to obtain measurable improvements in health, nutrition, and psychological/social status of families.

This is a formidable assignment by any standard, but especially so when the questionable success of past poverty programs is considered. Yet the Home Start Program is expected to do all this almost solely through one direct staff agent, the Home Visitor, who is basically paraprofessional and who by conventional standards is undertrained, underexperienced, and underpaid. Moreover, it is to be done at low cost per family and per child, yet it is expected to have a measurably important impact at the end of only two years of existence and one full year of operation. This seems an enormous expectation. If Home Start doesn't meet this expectation it won't be surprising; if it does, the implications are potentially revolutionary, not only for child intervention but also for social service delivery.